



State of Rhode Island
Department of State - Business Services Division

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2023 NOV 17 P 1:01

Certificate of Limited Partnership

DOMESTIC Limited Partnership

→ Filing Fee: \$100.00

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by RIGL 7-13.1-201, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership is:		
Ausletic Rehab Hub LP		
2. The address of the limited partnership's principal office is:		
Address 45 Rebecca St		
City/Town Coventry	State Rhode Island	Zip Code 02816
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Lauren E LaPierre		
Street Address (NOT a P.O. Box) 45 Rebecca St		
City/Town Coventry	State RHODE ISLAND	Zip Code 02816
4. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
Dr. Lauren E LaPierre PT/DPT	45 Rebecca St Coventry RI 02816	
Dr. Jordan P Madigan PT/DPT	45 Rebecca St Coventry RI 02816	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

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5. Any other matters the partners determine to include herein:

Check the box to indicate an attachment

6. The Partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with R.I.G.L. 7-13.1.

7. Date when this Certificate of Limited Partnership will be effective: **CHECK ONE BOX ONLY**

Date received (upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of General Partner	Date
Dr. Lauren E LaPierre	11/7/2023

Signature of General Partner



Type or Print Name of General Partner	Date
Dr. Jordan P Madigan	11/7/2023

Signature of General Partner



Type or Print Name of General Partner	Date

Signature of General Partner

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

November 17, 2023 01:01 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

