



**State of Rhode Island
Department of State - Business Services Division**

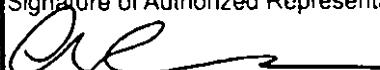
FILED

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 22 2024
BY 25227
OS

1. Entity ID Number 000567142		2. Exact name of the Corporation All Coast Physical Therapy, Inc.			
3. Principal Office Address 126 Prospect Street Suite # 101			City Pawtucket	State RI	Zip 02860
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island Outpatient Physical Therapy Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bryan Silva			Vice-President Name Alisha Carr		
Street Address 125 Belgium Street			Street Address 860 Laten Knight Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
Secretary Name Celeste Ruggieiri-Jones			Treasurer Name Stephanie Ryan		
Street Address 104 John Scott Lane			Street Address 1 Strathmore Place		
City North Kingstown	State RI	Zip 02852	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bryan Silva			Director Name Alisha Carr		
Street Address 125 Belgium Street			Street Address 860 Laten Knight Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
Director Name Celeste Ruggieiri-Jones			Director Name Stephanie Ryan		
Street Address 104 John Scott Lane			Street Address 1 Strathmore Place		
City North Kingstown	State RI	Zip 02852	City Cranston	State RI	Zip 02920
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1000	CLASS/SERIES STK	PAR VALUE \$0.01	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Alisha Carr					Date 1/8/2024
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov