



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 791286		2. Exact name of the Corporation Crossroads Orthotics & Consultation, Inc.			
3. Principal office address 821 S Washington Street		City Crawfordsville	State IN	Zip 47933	
4. Business Phone No. 765-359-0041		5. State of Incorporation Indiana			
6. Brief description of the character of business conducted in Rhode Island Provide orthotics and diabetic shoes to patients in home and in nursing facilities.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Chrystal Zeller			Vice-President Name		
Street Address 1948 N Wade Avenue			Street Address		
City Crawfordsville	State IN	Zip 47933	City	State	Zip
Secretary Name Cori Morrison			Treasurer Name		
Street Address 5997 E Boulder Drive			Street Address		
City Crawfordsville	State IN	Zip 47933	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Chrystal Zeller			Director Name Cori Morrison		
Street Address 1948 N Wade Avenue			Street Address 5997 E Boulder Drive		
City Crawfordsville	State IN	Zip 47933	City Crawfordsville	State IN	Zip 47933
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10,000	CWP	\$100.00

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.

File Date _____

Check No _____

By _____

FOR SECRETARY OF STATE USE ONLY

FILED
JAN 18 2013

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.

Cori Morrison **01/11/2013**
Signature of Authorized Representative Date

Cori Morrison
Print or Type Name of Authorized Representative

CH # 2097