



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000155558

2. Name of Corporation Performance Health Supply, Inc.

3. Street Address Principal Business Office:

No. and Street: 28100 TORCH PARKWAY SUITE 700
City or Town: WARRENVILLE

State: IL Zip: 60555 Country: USA

4. Business Phone No.

6303936661

5. State of Incorporation

State: MN

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 453990

6. Brief Description of the Character of Business Conducted in Rhode Island

DISTRIBUTE MEDICAL REHABILITATIVE SUPPLIES AND EQUIPMENT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL J. ORSHELN	28100 TORCH PAKWAY SUITE 700 WARRENVILLE, IL 60555 USA
TREASURER	MARK FORTKAMP	28100 TORCH PARKWAY WARRENVILLE, IL 60555 USA

CFO	RAYMOND D. GODSIL	28100 TORCH PARKWAY SUITE 700 WARRENVILLE, IL 60555 USA
ASSISTANT SECRETARY	JAMES ANDREW PARCHEM	28100 TORCH PARKWAY SUITE 700 WARRENVILLE, IL 60555 USA
VICE PRESIDENT	MICHAEL AGLIATA	28100 TORCH PARKWAY WARRENVILLE, IL 60555 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	100,000.00	0

9. 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.

Signed this 8 Day of May, 2017 at 12:09:45 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By STEFANIE KROEZE
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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