



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110625		2. Name of Corporation Next Step Orthotics and Prosthetics, Inc			
3. Street Address Principal Business Office 155 Dow St #200			City Manchester	State NH	Zip 03101
4. Business Phone No. 603.668.3831		5. State of Incorporation NEW HAMPSHIRE		6. SIC Code 9431	
7. Brief Description of the Character of Business Conducted in Rhode Island THE PROVISIONS OF ORTHOTIC AND PROSTHETIC SERVICES AND THE SALE OF ORTHOTIC AND PROSTHETIC DEVICES AND SUPPLIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name L. Peter Couture			Vice President Name Matthew J. Albuquerque		
Street Address 3 Blackberry way #110			Street Address 3 Chickadee Court		
City Manchester	State NH	Zip 03102	City Bedford	State NH	Zip 03110
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name L. Peter Couture			Director Name Matthew J. Albuquerque		
Street Address 3 Blackberry way #110			Street Address 3 Chickadee Court		
City Manchester	State NH	Zip 03102	City Bedford	State NH	Zip 03110
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
1,000 NO PAR VALUE				200	
				None	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date **FILED**  
Check No. FEB 24 2005 7596  
By: LB  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature of Officer: Matthew J. Albuquerque Date: 2-16-2005  
Print or Type Name of Officer: Matthew J. Albuquerque  
Title of Officer: Vice-President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>110625</u>		2. Name of Corporation <u>Next Step Orthotics and Prosthetics, Inc.</u>			
3. Street Address Principal Business Office <u>155 Dow Street #200</u>			City <u>Manchester</u>	State <u>NH</u>	Zip <u>03101</u>
4. Business Phone No. <u>603-668-3831</u>		5. State of Incorporation <u>NH</u>			6. SIC Code <u>9431</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Provider of Orthotic + Prosthetic Devices</u>					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <u>L. Peter Couture</u>			Vice President Name <u>Matthew J. Albuquerque</u>		
Street Address <u>59 Pilgrim Drive</u>			Street Address <u>3 Chickadee Court</u>		
City <u>Bedford</u>	State <u>NH</u>	Zip <u>03110</u>	City <u>Bedford</u>	State <u>NH</u>	Zip <u>03101</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <u>L. Peter Couture</u>			Director Name <u>Matthew J. Albuquerque</u>		
Street Address <u>59 Pilgrim Drive</u>			Street Address <u>3 Chickadee Court</u>		
City <u>Bedford</u>	State <u>NH</u>	Zip <u>03110</u>	City <u>Bedford</u>	State <u>NH</u>	Zip <u>03110</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>No Par Value</u>		<u>200</u>		<u>NONE</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

L. Peter Couture 2-12-04  
Signature of Officer Date  
L. Peter Couture  
Print or Type Name of Officer  
President  
Title of Officer

**FILED**  
File Date FEB 19 2004  
Check No. 1403  
By: M. 2004-74  
FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. **110625** 2. Name of Corporation **Next Step Orthotics and Prosthetics, Inc**  
 3. Street Address Principal Business Office **155 Dow Street #200** City **Manchester** State **NH** Zip **03101**  
 4. Business Phone No. **603.668.3831** 5. State of Incorporation **NEW HAMPSHIRE** 6. SIC Code **9431**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Provider of orthotic & prosthetic devices**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>L. Peter Couture</b>	Vice President Name <b>Matthew J. Albuquerque</b>
Street Address <b>59 Pilgrim Drive</b>	Street Address <b>3 Chickadee Court</b>
City <b>Bedford</b> State <b>NH</b> Zip <b>03110</b>	City <b>Bedford</b> State <b>NH</b> Zip <b>03110</b>
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>L. Peter Couture</b>	Director Name <b>Matthew J. Albuquerque</b>
Street Address <b>59 Pilgrim Dr</b>	Street Address <b>3 Chickadee Court</b>
City <b>Bedford</b> State <b>NH</b> Zip <b>03110</b>	City <b>Bedford</b> State <b>NH</b> Zip <b>03110</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
 Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
 Number of Shares Class/Series Par Value  
**200 none**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 0 6 2 5 \*

File Date: **2/24/03**  
 Check No.: **3684**  
 By: **[Signature]**

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.  
 Signature of Officer: **[Signature]** Date: **2/11/03**  
 Print or Type Name of Officer: **L. Peter Couture**  
 Title of Officer: **President**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110625 2. Name of Corporation Next Step Orthotics and Prosthetics, Inc.  
3. Street Address Principal Business Office 9 Cedarwood Dr #8 City Bedford State NH Zip 03110  
4. Business Phone No. (403) 448.3831 5. State of Incorporation NH 6. SIC Code 9431

7. Brief Description of the Character of Business Conducted in Rhode Island  
Provider of orthotic & prosthetic devices

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name L. Peter Couture, Jr.  
Street Address 59 Pilgrim Dr  
City Bedford State NH Zip 03110

Vice President Name Matthew J. Albuquerque  
Street Address 3 Chickadee Court  
City Bedford State NH Zip 03110

Secretary Name William Tucker, Esq.  
Street Address 95 Market St.  
City Manchester State NH Zip 03101

Treasurer Name NONE  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name L. Peter Couture, Jr.  
Street Address 59 Pilgrim Drive  
City Bedford State NH Zip 03110

Director Name Matthew J. Albuquerque  
Street Address 3 Chickadee Court  
City Bedford State NH Zip 03110

Director Name NONE  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name NONE  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000	_____	NONE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
200	_____	NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2-27-02  
Check No.: 1492  
By: [Signature]

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 here are true and correct.  
X [Signature]  
Signature of Officer Date  
L. Peter Couture, Jr.  
Print or Type Name of Officer  
President  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. #110625		2. Name of Corporation Next Step Orthotics and Prosthetics, Inc.			
3. Street Address Principal Business Office 9 Cedarwood Dr. Unit #8		City Bedford	State NH	Zip 03110	
4. Business Phone No. 603.668.3831		5. State of Incorporation NH		6. SIC Code 9431	
7. Brief Description of the Character of Business Conducted in Rhode Island Provider of orthotic & prosthetic devices					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name L. Peter Couture, Jr.			Vice President Name Matthew J. Albuquerque		
Street Address 59 Pilgrim Drive			Street Address 3 Chickadee Court		
City Bedford	State NH	Zip 03110	City Bedford	State NH	Zip 03110
Secretary Name William Tucker, Esq.			Treasurer Name None		
Street Address 95 Market St.			Street Address		
City Manchester	State NH	Zip 03101	/		
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Matthew J. Albuquerque			Director Name L. Peter Couture, Jr.		
Street Address 3 Chickadee Court			Street Address 59 Pilgrim Drive		
City Bedford	State NH	Zip 03110	City Bedford	State NH	Zip 03110
Director Name None			Director Name None		
Street Address			Street Address		
/			/		
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	/	none	200	/	none
/	/	/	/	/	/

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**  
File Date: DEC 28 2001  
Check No.:  
By: [Signature] 2-0905  
FOR SECRETARY OF STATE USE ONLY

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.

X [Signature] 11-26-01  
Signature of Officer Date  
L. Peter Couture, Jr.  
Print or Type Name of Officer  
President  
Title of Officer