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

Fee: $20.00

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

Foreign Non-Profit Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000133258

2. Name of Corporation Celiac Sprue Association/United States of America, Inc.

3. State of Incorporation

State: NE

4. Corporate Address in Rhode Island

No. and Street: 214 CAPTAIN CIRCLE
City or Town: TIVERTON State: RI Zip: 02878 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO HELP INDIVIDUALS WITH CELIAC DISEASE AND DERMATITIS HERPETIFORMIS WORLDWIDE THROUGH EDUCATION, INFORMATION AND RESEARCH.

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	CAROLYN MCKINLEY	1830 EAST PARKS HWY WASILLA, AK 99654 USA
TREASURER	CLARK KOLTERMAN	660 PINEWOOD AVE SEWARD, NE 68434 USA
SECRETARY	LINDA BACHMAN	1005 E GAY ST WARRENSBURG, MO 64093 USA
DIRECTOR	JUDY BOND	5814 PARK CIR SHAWNEE, KS 66216 USA
DIRECTOR	MIKE MAILAND	1006 WOODLAND AVE APPLETON, WI 54911 USA
DIRECTOR	MARY NEVILLE	80 KINGS CREEK DR LEXINGTON, SC 29909 USA
DIRECTOR	MARY SCHLUCKEBIER	4410 LEAVENWORTH STREET OMAHA, NE 68434 USA
DIRECTOR	CLIFF HAUCK	30 AINSLEY CT WILLIAMSVILLE, NY 14221 USA
DIRECTOR	JULIANN BECKER	10585 85TH STREET SE OAKES, ND 58474 USA
DIRECTOR	JOAN VAN LOOZENOORD	10 PURPLE ASH DENVER, CO 80127 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

KATHLLEN THIBOUTOT 214 CAPTAIN CIRCLE TIVERTON , RI 02878-

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

Signed this 10 Day of June, 2011 at 10:19:30 AM. *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 CLARK KOLTERMAN
Signature of Officer of the Corporation

__ President or __ Vice President or __ Secretary or __ Assistant Secretary or

_X_ Treasurer or __ Receiver or __ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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