



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

**Filing Period:** June 1 - June 30 • **Filing Fee:** \$20.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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.

1. Corporate ID No. <b>28197</b>		2. Name of Corporation <b>Cardiovascular, Pulmonary Research Foundation</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>1130 Ten Rod Road, The Meadows, Suite B-206</b>		City <b>North Kingstown</b>	Zip <b>02852</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>SUPPORTING RESEARCH IN THE CARDIOVASCULAR AND PULMONARY FIELDS</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JOSEPH M. VAN DE WATER</b>			Vice President Name <b>NONE</b>		
Street Address <b>416 LAMAR DRIVE</b>			Street Address		
City <b>MACON</b>	State <b>GA</b>	Zip <b>31210</b>	City	State	Zip
Secretary Name <b>MARGARET S. VAN DE WATER</b>			Treasurer Name <b>JOSEPH M. VAN DE WATER</b>		
Street Address <b>3811 DUMBARTON ROAD</b>			Street Address <b>416 LAMAR DRIVE</b>		
City <b>ATLANTA</b>	State <b>GA</b>	Zip <b>30327</b>	City <b>MACON</b>	State <b>GA</b>	Zip <b>31210</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
<b>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23</b>					
Director Name <b>JOSEPH M. VAN DE WATER</b>			Director Name <b>JOSEPH C. VAN DE WATER</b>		
Street Address <b>416 LAMAR DRIVE</b>			Street Address <b>1019 MANNING DRIVE</b>		
City <b>MACON</b>	State <b>GA</b>	Zip <b>31210</b>	City <b>EL DORADO HILLS</b>	State <b>CA</b>	Zip <b>95762</b>
Director Name <b>ERIC NOYES VAN DE WATER</b>			Director Name		
Street Address <b>1191 BURNT CREEK PLACE</b>			Street Address		
City <b>DECATUR</b>	State <b>GA</b>	Zip <b>30033</b>	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

**28197**  
**FILED**

File Date	<b>JUN 20 2011</b>
Check No.	
By: <b>RY</b>	<b>1485</b>
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.

*Joseph M. Van De Water* 6/10/11  
Signature of Officer Date

**Joseph M. Van De Water**

Print or Type Name of Officer

**President**

Title of Officer