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: 2012

1. Corporate ID No. 000164510

2. Name of Corporation The National Osteoporosis Foundation

3. State of Incorporation

State: MO

4. Corporate Address in Rhode Island

No. and Street: 222 JEFFERSON BOULEVARD
SUITE 200
City or Town: WARWICK State: RI Zip: 02888 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 1150 17TH STREET, NW
SUITE 850
City or Town: WASHINGTON State: DC Zip: 20036 Country: USA

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

TO PREVENT OSTEOPOROSIS, PROMOTE LIFELONG BONE HEALTH, IMPROVE THE LIVES OF THOSE AFFECTED BY OSTEOPOROSIS

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	ROBERT R RECKER MD	601 N. 30TH STREET OMAHA, NE 68131 US
TREASURER	L SCOTT SCHARER	29 COMMONWEALTH AVE BOSTON, MA 02116 US
SECRETARY	ANN C MILLER MD	91 SIDNEY STREET

		CAMBRIDGE, MA 02139 USA
CEO	AMY PORTER	1150 17TH STREET, NW WASHINGTON, DC 20036 USA
CHAIRMAN	DANIEL A. MICA	601 PENNSYLVANIA AVE, NW WASHINGTON, DC 20004 US
VICE PRESIDENT	ROBERT F GAGEL MD	1515 HOLCOMBE BLVD HOUSTON, TX 77030 USA
DIRECTOR	ANDY CARTER	900 19TH STREET, NW WASHINGTON, DC 20006 USA
DIRECTOR	FELICIA COSMAN MD	REGIONAL BONE CENTER WEST HAVERSTRAW, NY 10993 USA
DIRECTOR	RICHARD DELL MD	9353 E IMPERIAL HIGHWAY DOWNEY, CA 90242 USA
DIRECTOR	KARL INSOGNA MD	YALE CORE CTR FOR MUSCULOSKELETAL DISORDERS NEW HAVEN, CT 06520 USA
DIRECTOR	FRANMARIE KENNEDY	ONE DUPONT CIRCLE; SUITE 700 WASHINGTON, DC 20036 USA
DIRECTOR	DAVID L KIM	601 E STREET, NW WASHINGTON, DC 20049 USA
DIRECTOR	JOAN M LAPPE PHD	601 N 30TH STREET OMAHA, NE 68131 USA
DIRECTOR	MERYL S LEBOFF MD	221 LONGWOOD AVENUE BOSTON, MA 02115 USA
DIRECTOR	E MICHAEL LEWIECKI MD	300 OAK STREET, NE ALBUQUERQUE, NM 87106 USA
DIRECTOR	WILLIAM L ASHTON	21 HARRISON DRIVE NEWTOWN SQUARE, PA 19073 US
DIRECTOR	DAVID R DROBIS	685 JAMESTOWN LANE NAPLES, FL 34108 US
DIRECTOR	DEBORAH T GOLD PHD	DUKE UNIV. MEDICAL CTR. DURHAM, NC 27710 US
DIRECTOR	JUDITH P HULKA	3819 DIVISADERO STREET SAN FRANCISCO, CA 94123 US
DIRECTOR	BARBARA LEVIN	1017 EAST CAPITOL STREET, SE WASHINGTON, DC 20003 US
DIRECTOR	ROBERT LINDSAY MD, PHD	HELEN HAYES HOSPITAL WEST HAVERSTRAW, NY 10993 US
DIRECTOR	KENNETH G SAAG MD	510 20TH STREET, SOUTH BIRMINGHAM, AL 34294 US
DIRECTOR	CAROL SALINE	1901 WALNUT STREET PHILADELPHIA, PA 19103 US
DIRECTOR	CONNIE M WEAVER PHD	700 WEST STATE STREET WEST LAFAYETTE, IN 47907 US
DIRECTOR	SUSAN GREENSPAN MD	3471 FIFTH AVENUE PITTSBURGH, PA 15213 US
DIRECTOR	HEIDI SKOLNIK	19 PRISCILLA LANE ENGLEWOOD CLIFFS, NJ 07632 US

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 6 Day of June, 2012 at 2:29:30 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 ROBERT R. RECKER, MD
Signature of Officer of the Corporation

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

__ 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