RI SOS Filing Number: 201293763210 Date: 06/06/2012 4:07 PM

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. 000535349

2. Name of Corporation Unified Caring Association

3. State of Incorporation

State: MO

4. Corporate Address in Rhode Island

No. and Street: C/O CORPORATE CREATIONS NETWORK INC.
7 EVA LANE
City or Town: CRANSTON State: RI Zip: 02921 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 404 NORTH MOUNT SHASTA BLVD

City or Town: MOUNT SHASTA State: CA Zip: 96067 Country: USA

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

EDUCATIONAL PURPOSES INCLUDING TO PROVIDE INFORMATION, EDUCATION, PRODUCTS AND SERVICES TO ITS MEMBERS AND TO IMPROVE CONSUMER AWARENESS

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	LANE MICHEL	404 NORTH MOUNT SHASTA BLVD MOUNT SHASTA, CA 96067 USA
TREASURER	LUNA RUSSO	404 NORTH MOUNT SHASTA BLVD MOUNT SHASTA, CA 96067 USA
SECRETARY	LANE MICHEL	404 NORTH MOUNT SHASTA BLVD MOUNT SHASTA, CA 96067 USA
DIRECTOR	LANE MICHEL	404 NORTH MOUNT SHASTA BLVD MOUNT SHASTA, CA 96067 USA
DIRECTOR	LUNA RUSSO	404 NORTH MOUNT SHASTA BLVD MOUNT SHASTA, CA 96067 USA
DIRECTOR	DYLAN COLEMAN	404 NORTH MOUNT SHASTA BLVD MOUNT SHASTA, CA 96067 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

CORPORATE CREATIONS NETWORK INC. 7 EVA LANE CRANSTON , RI 02921

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 4:07:46 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 LANE MICHEL
Signature of Officer of the Corporation

__ President or __ Vice President or X 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

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