



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 52503		2. Exact name of the Corporation United Service Association for Health Care			
3. State of Incorporation D.C.		4. Brief description of the character of business conducted in Rhode Island Travel, lifestyle and health care related member benefit association			
5. Principal office address 1901 N. State Hwy 360		City Grand Prairie		State TX	Zip 75050
President Name Mary Cranon		Vice-President Name			
Street Address 1901 N. State Hwy 360		Street Address			
City Grand Prairie	State TX	Zip 75050	City	State	Zip
Secretary Name Kandy Loggins		Treasurer Name Paula Pierson			
Street Address 4904 Raquet Club Drive		Street Address 2117 Shadow Ridge			
City Arlington	State TX	Zip 76017	City Arlington	State TX	Zip 76006
Director Name Mary Cranon		Director Name Rick Moser			
Street Address 1901 N. State Hwy 360		Street Address 3447 Arabesque Drive			
City Grand Prairie	State TX	Zip 75050	City Deland	State FL	Zip 32724
Director Name Kandy Loggins		Director Name Paula Pierson			
Street Address 4904 Raquet Club Drive		Street Address 2117 Shadow Ridge			
City Arlington	State TX	Zip 76017	City Arlington	State TX	Zip 76006

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

FILED

JUN 07 2012

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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

Mary Cranon

Print or Type Name of Officer

President
Title of Officer

Date

5/25/2012