



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 2013

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. 000159941		2. Exact name of the Corporation Consumers Direct Association of America			
3. State of Incorporation Texas		4. Brief description of the character of business conducted in Rhode Island Insurance			
5. Principal office address 101 E. Park Blvd.		City Plano	State TX	Zip 75074	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jeff Grabiak			Vice-President Name		
Street Address 101 E. Park Blvd.			Street Address		
City Plano	State TX	Zip 75074	City	State	Zip
Secretary Name Cindy Bobbitt			Treasurer Name Cindy Bobbitt		
Street Address 101 E. Park Blvd.			Street Address 101 E. Park Blvd.		
City Plano	State TX	Zip 75074	City Plano	State TX	Zip 75074
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jeff Grabiak			Director Name Cindy Bobbitt		
Street Address 101 E. Park Blvd.			Street Address 101 E. Park Blvd.		
City Plano	State TX	Zip 75074	City Plano	State TX	Zip 75074
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

JUL 30 AM 9:54
 SECRETARY OF STATE
 CORPORATIONS DIV

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUL 30 2013
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 9:54

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 _____ Date **July 5, 2013**

Jeff Grabiak
 Print or Type Name of Officer

President
 Title of Officer