



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 28197		2. Exact name of the Corporation Cardiovascular, Pulmonary Research Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Supporting research in the cardiovascular and pulmonary fields			
5. Principal office address 1130 Ten Rod Road, The Meadows, Suite B-206		City North Kingstown		State RI	Zip 02852
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph M. Van De Water			Vice-President Name None		
Street Address 114 Idle Hour Drive			Street Address		
City Macon	State GA	Zip 31210	City	State	Zip
Secretary Name Margaret S. Van De Water			Treasurer Name Joseph M. Van De Water		
Street Address 3811 Dumbarton Road			Street Address 114 Idle Hour Drive		
City Atlanta	State GA	Zip 30327	City Macon	State GA	Zip 31210
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 Joseph M. Van De Water			Director Name Joseph C. Van De Water		
Street Address 114 Idle Hour Drive			Street Address 1019 Manning Drive		
City Macon	State GA	Zip 31210	City El Dorado Hills	State CA	Zip 95762
Director Name Eric Noyes Van De Water			Director Name		
Street Address 1191 Burnt Creek Place			Street Address		
City Decatur	State GA	Zip 30033	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.					

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

File Date _____
 Check No _____
 By: _____ BY **330**
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FILED
MAY 19 2014
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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.

Joseph M. Van De Water 5/7/14
 Signature of Officer or Authorized Representative Date

Joseph M. Van De Water, President
 Print or Type Name of Officer or Authorized Representative