

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: 2014

1. Corporate ID No. 000055484

2. Name of Corporation National Business Association, Inc.

3. State of Incorporation

State: MO

4. Corporate Address in Rhode Island

No. and Street: 222 EAST HIGH STREET

City or Town: <u>JEFFERSON, MO</u> State: RI Zip: <u>65102</u> Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 16775 ADDISON ROAD

SUITE 410

City or Town: ADDISON State: TX Zip: 75001 Country: USA

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

NON PROFIT ORGANIZATION ACTING AS SPOKESPERSON FOR INDIVIDUALS ADN BUSINESSES IN THE AREA OF HEALTH, EDUCATION AND LIFESTYLE MANAGEMENT.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	TIM MORGAN	16775 ADDISON ROAD STE 410 ADDISON, TX 75001 USA
SECRETARY	MARTIN WALSH	16775 ADDISON ROAD STE 410 ADDISON, TX 75001 USA
DIRECTOR	TIM MORGAN	16775 ADDISON ROAD SUITE 410 ADDISON, TX 75001 USA
DIRECTOR	MARTIN WALSH	16775 ADDISON ROAD SUITE 410

		ADDISON, TX 75001 USA
DIRECTOR	RICHARD FOSTER	16775 ADDISON ROAD SUITE 410 ADDISON, TX 75001 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

BUSINESS FILINGS INTERNATIONAL, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

Signed this 2 Day of June, 2014 at 12:25:49 PM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By <u>TIM MORGAN</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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