



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. 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 2221 E. Lamar Blvd., Suite 900		City Arlington		State TX	Zip 76006
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Mary Cranon		Vice-President Name none			
Street Address 2221 E Lamar Blvd., Suite 900		Street Address			
City Arlington	State TX	Zip 76006	City	State	Zip
Secretary Name Kandy Loggins		Treasurer Name Paula Pierson			
Street Address 4904 Raquet Club Dr.		Street Address 2117 Shadow Ridge			
City Arlington	State TX	Zip 76017	City Arlington	State TX	Zip 76006
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Mary Cranon		Director Name Kandy Loggins			
Street Address 2221 E Lamar Blvd., Suite 900		Street Address 4904 Raquet Club Drive			
City Arlington	State TX	Zip 76006	City Arlington	State TX	Zip 76017
Director Name Paula Pierson		Director Name Rick Moser			
Street Address 2117 Shadow Ridge		Street Address 3447 Arabesque			
City Arlington	State TX	Zip 76006	City Deland	State FL	Zip 32724
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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

JUN 02 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.

Mary Cranon
Signature of Officer or Authorized Representative

5/67/14
Date

Mary Cranon

Print or Type Name of Officer or Authorized Representative