



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. 000133258

2. Name of Corporation Celiac Sprue Association/United States of America, Inc.

3. State of Incorporation

State: NE

4. Corporate Address in Rhode Island

No. and Street: 214 CAPTAIN CIRCLE

City or Town: TIVERTON

State: RI Zip: 02878 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO HELP INDIVIDUALS WITH CELIAC DISEASE AND DERMATITIS HERPETIFORMIS
WORLDWIDE THROUGH EDUCATION, INFORMATION AND RESEARCH.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM LOCKE	1347 SWEET WILLOW DR MIDLOTHIAN, VA 23114 USA
TREASURER	CLARK KOLTERMAN	660 PINEWOOD AVE SEWARD, NE 68434 USA
SECRETARY	JEANINE MORGAN	8493 AUBURN RD CITRUS HEIGHTS, CA 95610 USA
DIRECTOR	BRUCE HOMSTEAD	116 EAST ST

		EAST HAMPTON, MA 01027 USA
DIRECTOR	JULIANN BECKER	10585 85TH STREET SE OAKES, ND 58474 USA
DIRECTOR	JOAN VAN LOOZENOORD	10 PURPLE ASH DENVER, CO 80127 USA
DIRECTOR	MIKE MAILAND	1006 WOODLAND AVE APPLETON, WI 54911 USA
DIRECTOR	MARY SCHLUCKEBIER	4410 LEAVENWORTH STREET OMAHA, NE 68434 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**

KATHLLEN THIBOUTOT 214 CAPTAIN CIRCLE TIVERTON , RI 02878-

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

Signed this 4 Day of June, 2014 at 1:55:50 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 CLARK A KOLTERMAN
Signature of Authorized Person

Form No. 631
Revised 09/07