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: 2016

1. Corporate ID No. 000910827

2. Name of Corporation Unified Caring Association

3. State of Incorporation

State: AZ

4. Corporate Address in Rhode Island

No. and Street: 7 EVA LANE
City or Town: CRANSTON State: RI Zip: 02921 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 404 NORTH MOUNT SHASTA BLVD

City or Town: MOUNT SHASTA State: CA Zip: 96067 Country: USA

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

TO ENHANCE AWARENESS FOR AMORE POSITIVE, HEALTHY AND HARMONIOUS WORLD FOR HUMANITY AND TO DO SO THROUGH THE PROVISION OF INFORMATION AND EDUCATION, AND EDUCATION AND CONDUCT OR SUPPORT OF PROJECTS THAT DIRECTLY IMPACT CHILDREN

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	LANE MICHEL	404 NORTH MOUNT SHASTA BOULEVARD MOUNT SHASTA, CA 95067 USA
TREASURER	NIKKI GROSSMAN	404 NORTH MOUNT SHASTA BOULEVARD MOUNT SHASTA, CA 95067 USA
SECRETARY	NIKKI GROSSMAN	404 NORTH MOUNT SHASTA BOULEVARD

0-7979-0

		MOUNT SHASTA, CA 95067 USA
DIRECTOR	LANE MICHEL	404 NORTH MOUNT SHASTA BOULEVARD MOUNT SHASTA, CA 95067 USA
DIRECTOR	NIKKI GROSSMAN	404 NORTH MOUNT SHASTA BOULEVARD MOUNT SHASTA, CA 95067 USA
DIRECTOR	RICK JORDAN	404 NORTH MOUNT SHASTA BOULEVARD MOUNT SHASTA, CA 95067 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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

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

Signed this 9 Day of May, 2016 at 12:23:53 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 NIKKI GROSSMAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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