



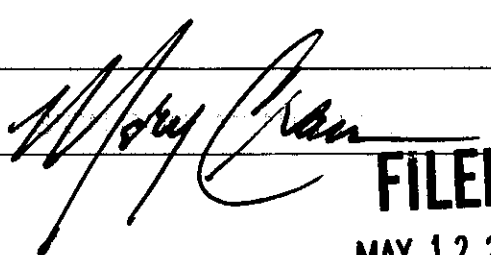
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
52503		United Service Association for Health Care			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
D.C.		Travel, lifestyle, and healthcare related member benefit association			
5. Principal Office Address		City	State	Zip	
2221 E Lamar Blvd., Suite 900		Arlington	TX	76006	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mary Cranon		Vice-President Name			
Street Address 2221 E Lamar Blvd., Suite 900		Street Address			
City Arlington	State TX	Zip 76006	City	State	Zip
Secretary Name Rick Moser		Treasurer Name Paula Pierson			
Street Address 3447 Arabesque Drive		Street Address 2117 Shadow Ridge			
City Deland	State FL	Zip 32724	City Arlington	State TX	Zip 76006
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mary Cranon		Director Name Rick Moser			
Street Address 2221 E Lamar Blvd., Suite 900		Street Address 3447 Arabesque Drive			
City Arlington	State TX	Zip 76006	City Deland	State FL	Zip 32724
Director Name Paula Pierson		Director Name			
Street Address 2117 Shadow Ridge		Street Address			
City Arlington	State TX	Zip 76006	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Mary Cranon				Date 5/4/2016	
Signature of Officer/Authorized Representative 					

FILED

MAY 12 2016

BY

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