



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. 000681673

2. Name of Corporation L.I.F.E. Association, Inc

3. State of Incorporation

State: TX

4. Corporate Address in Rhode Island

No. and Street: NONE
City or Town: NONE State: RI Zip: 00000 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 1200 GOLDEN KEY CIRCLE
SUITE 136
City or Town: EL PASO State: TX Zip: 79925 Country: USA

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

STUDYING MEANS AND METHODS OF PROVIDING CONSUMERS OF AMERICA WITH BENEFITS AND SERVICES IN THE MOST COST EFFICIENT MANNER AND TO IMPLEMENT SUCH STUDIES

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	THOMAS BROPHY	5805 BRANDING GREEN TRAIL PLANO, TX 75093 USA
SECRETARY	PATRICA LISTER	2327 S. EL MARINO MESA, AR 95202 USA
VICE PRESIDENT	DAWNA HUBERT	1811 FRESNO RD. PLANO, TE 75074 UNI

DIRECTOR	JOSEPH ROLEWICZ	5384 DUNTEACHIN DR. ELLICOTT CITY, MA 21043 USA
DIRECTOR	ALAN HALL	5625 NW CENTRAL DR. SUITE D-100 HOUSTON, TX 77092 USA
DIRECTOR	JOHN ZIGLAR	12200 WEST COLONIAL DR. SUITE 300K WINTER GARDEN, FL 34787 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 19 Day of May, 2016 at 3:13:30 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 JOSEPH ROLEWICZ
Signature of Authorized Person

Form No. 631
Revised 09/07

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