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

Annual Report for the year: 2017
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

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1. Entity ID Number **28197**	2. Exact name of the Corporation **Cardiovascular, Pulmonary Research Foundation**
3. State of Incorporation **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island **Supporting research in the cardiovascular and pulmonary fields**
4. NAICS Code **813212 - Voluntary Health O**	

6. Principal Office Address	City	State	Zip
1130 Ten Rod Road, The Meadows, Suite B-206	**North Kingstown**	**RI**	**02852**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Joseph M. Van De Water**			Vice-President Name **(None)**		
Street Address **114 Idle Hour Drive**			Street Address		
City **Macon**	State **GA**	Zip **31210**	City	State	Zip
Secretary Name **Margaret S. Van De Water**			Treasurer Name **Joseph C. Van De Water**		
Street Address **3811 Dumbarton Road**			Street Address **1019 Manning Drive**		
City **Atlanta**	State **GA**	Zip **30327**	City **El Dorado Hills**	State **CA**	Zip **95762**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Joseph M. Van De Water**			Director Name **Joseph C. Van De Water**		
Street Address **114 Idle Hour Drive**			Street Address **1019 Manning Drive**		
City **Macon**	State **GA**	Zip **31210**	City **El Dorado Hills**	State **CA**	Zip **95762**
Director Name **Eric Noyes Van De Water**			Director Name		
Street Address **1191 Burnt Creek Place**			Street Address		
City **Decatur**	State **GA**	Zip **30033**	City	State	Zip

9. 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.

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

Name of Officer/Authorized Representative **Joseph M. Van De Water, President** Joseph M Van De Water	Date 6/5/17
Signature of Officer/Authorized Representative Joseph M. Van De Water	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY 513

FORM 631 - Revised: 05/2017