



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

Annual Report for the year: **2018**

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.

| | | | | | |
|--|-----------------|--|--|------------------------|------------------|
| 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 Orga | | | | | |
| 6. Principal Office Address 1130 Ten Rod Road, The Meadows, Suite B-206 | | City North Kingstown | State RI | Zip 02852 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 <input checked="" type="checkbox"/> | | | | | |
| 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. | | | | | |
| <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 Joseph M. Van De Water, President | | | | Date 5/23/18 | |
| Signature of Officer/Authorized Representative <i>Joseph M. Van De Water</i> | | | | SIGN DOCUMENT HERE | |

FILED

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

JUN 11 2018
 BY 524 DS FORM 631 - Revised: 11/2017