



State of Rhode Island
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: 2021

1. Corporate ID No. 001698968

2. Name of Corporation Visionary Association, Inc.

3. State of Incorporation

State: TX

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



524128

4. Principal Office Address

No. and Street: 10 DORRANCE ST. #700

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 500 N. CENTRAL EXPRESSWAY

SUITE 325

City or Town: PLANO State: TX Zip: 75074 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE AN ARRAY OF BENEFITS TO EMPLOYERS, EMPLOYER GROUPS

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	GAIL HUBERT	500 NORTH CENTRAL EXPRESSWAY, SUITE 325 PLANO, TX 75074 USA
TREASURER	ALAN HALL	5325 N W CENTRAL DR., SUITE D-100 HOUSTON, TX 77092 USA
SECRETARY	DAWNA HUBERT	500 NORTH CENTRAL EXPRESSWAY, SUITE 325 PLANO, TX 75074 USA

**7. 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 #700 PROVIDENCE , RI 02903

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

Signed this 16 Day of March, 2021 at 2:42:37 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 GAIL HUBERT
Signature of Authorized Person

Form No. 631
Revised 09/07

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