State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

Foreign Non-Profit Annual Report

Filing Period: February 1 - May 1

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 - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 001689444

2. Name of Corporation America's Business Benefit Association

3. State of Incorporation

State: MO

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
624190

4. Principal Office Address

No. and Street: 400 CHESTERFIELD CENTER SUITE 400
City or Town: CHESTERFIELD State: MO Zip: 63017 Country: USA

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

TO ENRICH THE QUALITY OF LIFE FOR ITS MEMBERS BY PROVIDING EDUCATIONAL AND INFORMATIONAL MATERIAL OF INTEREST TO HEALTH CONSCIOUS INDIVIDUALS

6. 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	PATTY STRICKLAND	403 S UNION AVE STE 3 FERGUS FALLS, MN 56537 USA
SECRETARY	STEPHEN RUFER	403 S UNION AVE STE 3 FERGUS FALLS, MN 56537 USA
CFO	ANGELA NELSON	403 S UNION AVE STE 3 FERGUS FALLS, MN 56537 USA
VICE PRESIDENT	COLLEEN MCGUIRE	403 S UNION AVE STE 3 FERGUS FALLS, MN 56537 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, SUITE 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 26 Day of April, 2023 at 10:29:39 AM 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 PATTY STRICKLAND
Signature of Authorized Person

Form No. 631
Revised 09/07