



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 0012806		2. Exact name of the Corporation INSTITUTE FOR PLANETARY GEOLOGY, INC.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote the concept of egology for education and scientific purposes.			
5. Principal office address 10 Nate Whipple Highway, P.O. Box 7366		City Cumberland		State RI	Zip 02864
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert A. Thompson			Vice-President Name Robert L. Simmons		
Street Address 45 Deer Ridge Road			Street Address 10 Nate Whipple Highway, P.O. Box 7366		
City Stonington	State Connecticut	Zip 06378	City Cumberland	State RI	Zip 02864
Secretary Name Robert L. Simmons			Treasurer Name Robert A. Thompson		
Street Address 10 Nate Whipple Highway, P.O. Box 7366			Street Address 45 Deer Ridge Road		
City Cumberland	State RI	Zip 02864	City Stonington	State CT	Zip 06378
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert A. Thompson			Director Name Louise S. Thompson		
Street Address 45 Deer Ridge Road			Street Address 45 Deer Ridge Road		
City Stonington	State CT	Zip 06378	City Stonington	State CT	Zip 06378
Director Name Robert L. Simmons			Director Name		
Street Address 10 Nate Whipple Highway, P.O. Box 7366			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

By

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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.

May 9, 2013

Signature of Officer

Date

Robert L. Simmons

Print or Type Name of Officer

Vice President

Title of Officer