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.	2. Exact name of the Corporation
60833	**The Erikson Biographical Institute**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **For Charitable eductional and scientific purposes with the within the meaning of section 501 c 3 of the IRS code of 1986, as amended.**

5. Principal office address	City	State	Zip
550 Shermantown Road	**Saunderstown**	**RI**	**02874**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Mary Lou Upham	**Kenneth B Upham**
Street Address **550 Shermantown Road**	Street Address **550 Shermantown Road**
City / State / Zip **Saunderstown / RI / 02874**	City / State / Zip **Saunderstown / RI / 02874**
Secretary Name **Kenneth B Upham**	Treasurer Name **Kenneth B Upham**
Street Address **550 Shermantown Road**	Street Address **550 Shermantown Road**
City / State / Zip **Saunderstown / RI / 02874**	City / State / Zip **Saunderstown / RI / 02874**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☑

Director Name	Director Name
William Lewis	**Mary Lou Upham**
Street Address **82 Constitution Ave.**	Street Address **550 Shermantown Road**
City / State / Zip **Attleboro / MA / 02703**	City / State / Zip **Saunderstown / RI / 02874**
Director Name **Kenneth B Upham**	Director Name
Street Address **550 Shermantown Road**	Street Address
City / State / Zip **Saunderstown / RI / 02874**	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

FILED
JAN 02 2014
BY 45560

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.

Mary Lou Upham — 12/31/13
Signature of Officer — Date

Mary Lou Upham
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012