



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

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

**Non-Profit Corporation
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: 2014

1. Corporate ID No. 000103855

2. Name of Corporation Rhode Island Association of Naturopathic Physicians

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 154 WATERMAN ST.
SUITE 16

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ADVANCE THE PHILOSOPHY, SCIENCE AND ART OF NATUROPATHIC MEDICINE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KERI LAYTON ND	182 GANO STREET PROVIDENCE, RI 02906 USA
TREASURER	KERI LAYTON ND	182 GANO STREET PROVIDENCE, RI 02906 USA

SECRETARY	MARCY FEIBELMAN ND	4 GOLDEN VIEW DRIVE WEST WARWICK, RI 02893 USA
VICE PRESIDENT	JENNIFER CELESTE RULAND ND	400 HIGH STREET#2 BRISTOL, RI 02809 USA
DIRECTOR	SHEILA FRODERMANN ND	144 WATERMAN STREET PROVIDENCE, RI 02906 USA
DIRECTOR	CATHY PICARD ND	250 EDDIE DOWLING HWY NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	ERICA LEPORE ND	14 FIRE LANE 1 WAKEFIELD, RI 02879 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SHEILA M. FRODERMANN 144 WATERMAN STREET PROVIDENCE , RI 02906

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

Signed this 29 Day of May, 2014 at 12:18:48 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 K. LAYTON, ND
Signature of Authorized Person

Form No. 631
Revised 09/07

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