



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

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: 2015

1. Corporate ID No. 000060677

2. Name of Corporation INSTITUTE OF DIVINE METAPHYSICAL RESEARCH, INC.

3. State of Incorporation

State: CA

4. Corporate Address in Rhode Island

No. and Street: C/O ROBERT SEKELSKY
64 SOUTH ATLANTIC AVENUE

City or Town: WARWICK State: RI Zip: 02888 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 3409 WEST 21ST STREET (90018)
PO BOX 19877

City or Town: LOS ANGELES State: CA Zip: 90019 Country: USA

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

RELIGIOUS ACTIVITIES

7. 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
TREASURER	MARION N. FARLEY	2004 FOURTH AVENUE LOS ANGELES, CA 90018 USA
SECRETARY	MARION E. HARRIS	3405 WEST 21ST STREET LOS ANGELES, CA 90019 USA
PRESIDENT	GARY R MATHESSE	4917 NORTH ACACIA STREET SAN GABRIEL, CA 91776 USA
VICE PRESIDENT	ROBERT HARRIS	3405 WEST 21ST STREET

		LOS ANGELES, CA 90018 USA
PUBLIC RELATIONS	LAMAR GREER	708 WEST 145TH STREET GARDENA, CA 90247 USA
LEGAL COUNSEL	ROYCE JONES	5928 CONDON AVENUE LOS ANGELES, CA 90056 USA
DIRECTOR	PATRICIA MATHESSE	4917 NORTH ACACIA STREET SAN GABRIEL, CA 91776 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**

ROBERT E. SEKELSKY 64 SOUTH ATLANTIC AVENUE WARWICK , RI 02888

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

Signed this 27 Day of June, 2015 at 9:29:06 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 SUSAN AGRAVA
Signature of Authorized Person

Form No. 631
Revised 09/07

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