



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. 148338		2. Exact name of the Corporation THE JUNGIAN SOCIETY FOR SCHOLARLY STUDIES, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To study, disseminate, and develop the works and theories of C.G. Jung and the post-Jungian, especially as applied to sciences and cultures.			
5. Principal office address 171 CHASE ROAD		City PORTSMOUTH	State RI	Zip 02871	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SUSAN ROWLAND			Vice-President Name BOB WYATT		
Street Address 165 S. ALVARADO ST			Street Address 513 NEVADA ST		
City OJAI	State CA	Zip 93023	City EL SEGUNDO	State CA	Zip 90245
Secretary Name LUKE HOCKLEY, THE STRAW BARN			Treasurer Name RINDA WEST		
Street Address UPTON END FARM BUSINESS PARK MEPPERSHALL RD			Street Address 4313 N. BELLA		
City SHILLINGTON	State BEDFORDSHIRE	Zip SG5 3PF U.K	City CHICAGO	State IL	Zip 60618
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 MITCHELL			Director Name MARIE H. STEY		
Street Address 4-N GARDENWAY			Street Address 452 COURTESY DR		
City GREENBELT	State MD	Zip 20770	City NEWARK	State OH	Zip 43055
Director Name ALEXANDRA FIDYK			Director Name IVEL MARTINEZ		
Street Address 9111-79 AVE NW			Street Address 368 11TH ST		
City EDMONTON	State ALBERTA	Zip T6G 0R9 CANADA	City BROOKLYN	State NY	Zip 11215
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

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FILED
DEC 21 2015
 BY **KL 2003**

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.

Rinda West 12/16/15
 Signature of Officer or Authorized Representative Date

RINDA WEST
 Print or Type Name of Officer or Authorized Representative