RI SOS Filing Number: 201698817590 Date: 05/16/2016 5:05 PM

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: 2016

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: 144 WATERMAN STREET, SUITE #3
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: PROVIDENCE State: RH Zip: 02906 Country: UNI

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	MARCY FEIBELMAN	119 11TH STREET PROVIDENCE, RI 02906 USA
DIRECTOR	ERICA LEPORE	14 FIRE LANE WAKEFIELD, RI 02879 USA
DIRECTOR	SHEILA FRODERMANN	144 WATERMAN AVE #3

0-9189-0

		PROVIDENCE, RI 02906 USA
DIRECTOR	JOHN STRAUS	189 GOVERNOR ST, SUITE 202 PROVIDENCE, RI 02906 USA
DIRECTOR	MARTINE DELONNAY	1473 PARK AVENUE CRANSTON, RI 02920 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

DR. MARCY BEIBELMAN RIANP, 119 11TH 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 16 Day of May, 2016 at 5:06:27 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 MARCY FEIBELMAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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