RI SOS Filing Number: 201600850790 Date: 06/20/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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2016 JUN 20 PM 12:25

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
12806	INSTITUTE FOR PLANETARY EGOLOGY INC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	To promote the concept of egology for education and scientific purposes

5. Principal Office Address	City	State	Zip
10 Nate Whipple Highway, Post Office Box 7366	Cumberland	RI	02864

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name Robert A. Thompson			Vice-President Name Robert L. Simmons		
Street Address 38 Circle Drive			Street Address 10 Nate WhippleHighway, P.O. Box 7366		
City Stonington	State CT	Zip 06379	City Cumberland	State RI	Zip 02864
Secretary Name Robert L. Simmons			Treasurer Name Robert A. Thompson		
Street Address 10 Nate Whipple Highway, P.O. Box 7366			Street Address 38 Circle Drive		
City Cumberland	State RI	Zip 02864	City Stonington	State CT	Zip 06379

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name Robert A. Thompson			Director Name Robert L. Simmons		
Street Address 38 Circle Drive			Street Address 10 Nate Whipple Highway, P.O. Box 7366		
City Stonington	State CT	Zip 06379	City Cumberland	State RI	Zip 02864
Director Name Louise S. Thompson			Director Name		
Street Address 38 Circle Drive			Street Address		
City Stonington	State CT	Zip 06379	City	State	Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Robert A. Thompson, President	June 2, 2016

Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE

FILED
JUN 20 2016
By 270055
AA

Form No. 631
Revised: 2016
138336-1-1135979