



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.** 000026915

**2. Name of Corporation** International Berkeley Society, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: HONYMAN HALL-TRINITY CHURCH  
QUEEN ANNE SQUARE

City or Town: NEWPORT

State: RI Zip: 02840 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 SHARE AN INTEREST IN GEORGE BERKLEY AND TO FURTHER THE STUDY OF THIS INFLUENCE

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
TREASURER	NANCY ELLEN KENDRICK	22 SAVOY ST. PROVIDENCE, RI 02906 US
PRESIDENT	STEPHEN DANIEL	302B BOLTON BLDG

DIRECTOR	DR. LOUIS ALFONSO	COLLEGE STATION, TX 77843-4237 USA 539 NORTH QUIDNESSETT ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	MAUREEN LAPAN	240 EARLY DR. N. KINGSTOWN, RI 02852 USA
DIRECTOR	TIMO AIRAKSINEN	UNIVERSITY OF HELSINKI, DEPT. OF PHILOSOPHY HELSINKI, FIN

**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. NANCY KENDRICK 22 SAVOY 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 June, 2016 at 10:41:05 AM 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 NANCY KENDRICK  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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