



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Non-Profit Corporation


→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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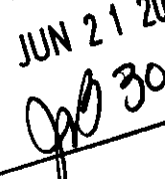
2017 JUN 21 PM 2:39

1. Entity ID Number 12806		2. Exact name of the Corporation INSTITUTE FOR PLANETARY GEOLOGY, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote the concept of egology for education and scientific purposes			
4. NAICS Code					
6. Principal Office Address 10 Nate Whipple Highway			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. Thompson			Vice-President Name Robert L. Simmons		
Street Address 38 Circle Drive			Street Address 10 Nate Whipple Highway, P.O. 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
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert A. Thompson			Director Name Robert L. Simmons		
Street Address 38 Circle Drive			Street Address 10 Nate Whipple Highway, P.O. Bbox 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
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Robert A. Thompson, President				Date June 12, 2017	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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