

Revised: 04/2014

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 2016

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. 26893	2. Exact name of the Corporation ASSOCIATION For	Symbolic Logic				
3. State of Incorporation	4. Brief description of the character of but the public at ion of S		of books	s sponsoring		
Rhude Island	scientific meetings	cholarly John Mas an	ia poone	, spanier i		
5. Principal office address Box	Ray mond Avenue	City Ponghkeepsie	State	^{2ip} 12604		
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)						
President Name Which Kohlen bach		Vice-President Name Julia Knight				
Street Address Univ. Parmstad-	t, Math	Dept. Math, 255 H				
Darmstudt	Germany D64289	Notre Dame	State	46556		
Secretary Name Charles Stein	horn	Charles Steinhor	rn	SEC CC		
Street Address 124 Raymond Av	vassar collegenue - Muth Dept	Street Address Sum e	1	RETAIN FOR		
Ponghkeepsie	Ny 2604	City	State	ZIP6		
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)						
Joan Bagaria		Veronica Beches		94 A/(C		
Street Address Stan va Corts Cutalo	nes, 585 - Dept. Math	Papellon I Cindad W	yi vecsit	aria		
Barcelona	3 Spain 08007	Buenos Aires	Argeating	C1428 EGA		
Elisabeth Bouscaren		Rod Downey	, 	Dan		
Street Address Lab de Mid Univ. Paris_3ud	1, CNRS WAR 8888 Bat. 725	Box 600 Kelburn Para	ede, Cott	n Bldg		
City Paris	France 9,405	Wellington	Jew Zeala	nd 6140		
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 FILED		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.	
Check No	FEB 1 6 2018	Charles that	2/13/2018
By:	WXL 3)4448	Signature of Officer or Authorized Representative	•
Form No. 631	11:47	CHARLES STEINHORN Print or Type Name of Officer or Authorized Repr	<u> </u>

Directors (contined)

Hannes Leitgeb Ludwig-Maximillians-Univ. München Ludwig-Maximillians-Univ. München Fak, für Philos. Wissenschaftstheorie Fak, für Philos. Wissenschaftstheorie Geschwister-Scholl-Platz I Geschwister-Scholl-Platz I D-80539 München Germany

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