



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 **2018**

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. 148338		2. Exact name of the Corporation The Jungian Society for Scholarly Studies, Inc			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To study, disseminate, and develop the works and theories of CG Jung <i>(611620)</i>			
5. Principal office address 3858 Pueblo Av		City Santa Barbara		State CA	Zip 93110
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Susan Rowland		Vice-President Name Susan Wyatt			
Street Address 165 S. Alvarado St		Street Address 513 Nevada St			
City Ojai	State CA	Zip 93023	City El Segundo	State CA	Zip 90245
Secretary Name Luke Hockley		Treasurer Name Sukey Fontelleu			
Street Address Straw Barn, Meppershall Rd		Street Address 3858 Pueblo Av			
City Shillington	State England	Zip SG5 3PF	City Santa Barbara	State CA	Zip 93110
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert Mitchell		Director Name Elizabeth Nelson			
Street Address 4-N Garden Way		Street Address 10554 Butterfield RD			
City Green Belt	State MD	Zip 20770	City Los Angeles	State CA	Zip 90064
Director Name Inez Martinez		Director Name Robin Barre			
Street Address 368 11th St		Street Address PO Box 746			
City Brooklyn	State NY	Zip 11215	City Clinton	State WA	Zip 98236
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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 18 2018

BY

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Form No. 631
Revised: 04/2014

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.

Sukey Fontelleu
Signature of Officer or Authorized Representative

6/13/18

Date

Sukey Fontelleu

Print or Type Name of Officer or Authorized Representative