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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year: 2018 **Non-Profit Corporation**

-> Fifing period: June 1 - June 30

→ Filing Fee: \$20.00

2018 JUL -9 PH 12: 21

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

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1. Entity ID Number	2. Exact name of the Corporation				
12806	INSTITUTE FOR PLANETARY EGOLOGY, INC.				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	To promote the concept of egology for education and scientific purposes.				
4. NAICS Code					
99999					
6. Principal Office Address		·	City	State	Zip
c/o Robert L. Simmons, 10 Nate Whipple Highway, P. O. Box 7366			Cumberland	RI	02864
7. 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 Whipple Highway, P.O. Box 7366		
City Stonington	State CT	^{Zip} 06379	City Cumberland	State RI	^{Ζiρ} 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					
Director Name Robert A. Thompson			Director Name Louise S. Thompson		
Street Address 38 Circle Drive			Street Address 38 Circle Drive		
City Stonington	State CT	^{Zip} 06379	City Stonington	State CT	^{Zip} 06379
Director Name Robert L. Simmons			Director Name		
Street Address 10 Nate Whipple Highway, P.O. Box 7366			Street Address		
City Cumberland	State RI	^{Zip} 02864	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Robert A. Thompson, President				June 2 / , 2018	
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017