State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV

2018 JUL -9 PM 12:21

Annual Report for the year: 2018

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.

1. Entity ID Number	2. Exact name of the Corporation
12806	**INSTITUTE FOR PLANETARY EGOLOGY, 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 999999	

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**	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 ☐

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, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Robert A. Thompson, President	**June 29, 2018**

Signature of Officer/Authorized Representative

Robert A. Thompson

SIGN DOCUMENT HERE

FILED
JUL 09 2018
BY 334405
A.A.

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017