



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

Non-Profit Corporation

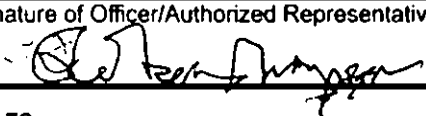
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JUL -9 PM 12:21

1. Entity ID Number 12806		2. Exact name of the Corporation 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 c/o Robert L. Simmons, 10 Nate Whipple Highway, P. O. Box 7366		City Cumberland		State RI	Zip 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 Robert A. Thompson, President					Date June 29, 2018
Signature of Officer/Authorized Representative 					FILED SIGN DOCUMENT HERE JUL 09 2018 BY 334405 A.A.

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