STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No: 103855	2. Name of Corporation: Rhode Island Association of Naturopathic Physicians		
3. State of Incorporation: RI	4. Corporate address in Rhode Island - Street Address: 144 Waterman St	City: Prov.	Zip: 02906
5. Foreign corporation: Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

advance philosophy, science, art of Naturopathic Medicine; moral, social & intellectual support

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: SHEILA M. FRODERMANN, ND			Vice President Name: DEIRDRE J. O'CONNOR, ND		
Street Address: 245 Knight Ave			Street Address: 225 S. WOODY HILL Rd		
City: Attleboro	State: MA	Zip: 02703	City: WESTERLY	State: RI	Zip: 02891
Secretary Name: CAROL L. SENG, LAC			Treasurer Name: NONE		
Street Address: 245 Knight Ave			Street Address		
City: Attleboro	State: MA	Zip: 02703	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L 7-6-23

Director Name: Kim Beauchamp, ND			Director Name: ERICA LEPORE, ND		
Street Address: 35 Collation Circle			Street Address: 14 FIRE LANE ONE		
City: N. Kingstown	State: RI	Zip: 02852	City: WAKEFIELD	State: RI	Zip: 02879
Director Name: CATHY PICARD, ND			Director Name: SHEILA M. FRODERMANN, ND		
Street Address: 1155 Logee St			Street Address: 245 Knight Ave		
City: WOONSOCKET	State: RI	Zip: 02895	City: ATTLEBORO	State: MA	Zip: 02703

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L 7-6-13 / 7-6-78

Agent Name: Jill Standard, ND	Address	
Address: 144 Waterman St	City: PROV.	Zip: 02906

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer: [signature] Date: 8/3/05

Print or Type Name of Officer: SHEILA M. FRODERMANN

Title of Officer: PRESIDENT

FILED
File Date: AUG 11 2005
Check No.
By: [initials] 34847
FOR SECRETARY OF STATE USE ONLY

05 AUG -4 AM 11:16

05 AUG 9 AM 11:08

Form 631 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
103855	Rhode Island Association of Naturopathic Physicians		
3. State of Incorporation	4. Corporate address in Rhode Island -Street Address	City	Zip
RI	144 Waterman St	Prov.	02906
5. Foreign corporation: Enter principal office address		City	State / Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

advance philosophy, art, science of Naturopathic Medicine; moral social & intellectual support

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Sheila M. Frodermann, ND	Vice President Name: Deirdre J. O'Connor, ND
Street Address: 245 Knight Ave	Street Address: 225 S. Woody Hill Rd
City: Attleboro State: MA Zip: 02703	City: Westerly State: RI Zip: 02891
Secretary Name: Carol L. Sievers-Black	Treasurer Name: None
Street Address: 245 Knight Ave	Street Address:
City: Attleboro State: MA Zip: 02703	City: State: Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23

Director Name: Kim Beauchamp, ND	Director Name: Erica Lepore, ND
Street Address: 35 Collation Circle	Street Address: 14 Fire Lane One
City: N. Kingstown State: RI Zip: 02852	City: Wakefield State: RI Zip: 02879
Director Name: Sheila Frodermann, ND	Director Name: Deirdre J. O'Connor, ND
Street Address: 245 Knight Ave	Street Address: 225 S. Woody Hill Rd
City: Attleboro State: MA Zip: 02906	City: Westerly State: RI Zip: 02891

9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- **Changes require filing of Form 641 -R.I.G.L. 7-6-13 / 7-6-78**

Agent Name: Jill Standard, ND	Address:
Address: 144 Waterman St	City: Prov. Zip: 02906

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

FILED
File Date: AUG 11 2005
Check No.:
By:
FOR SECRETARY OF STATE USE ONLY

05 AUG -4 AM 11:16

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.

Signature of Officer — Date: 8/3/05

Sheila M. Frodermann,
Print or Type Name of Officer

Pres.
Title of Officer

[redacted]

Form 631 Rev. 6/02

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 103855
2. Name of Corporation: Rhode Island Association of Naturopathic Physicians
3. State of Incorporation: RI
4. Corporate address in Rhode Island - Street Address: 144 Waterman St — City: PROV. — Zip: 02906
5. Foreign corporation: Enter principal office address — City: — State: — Zip:
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island: advance philosophy science, art of Naturopathic medicine; moral, social & intellectual support

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: SHEILA M. FRODERMANN, ND	Vice President Name: Deirdre J. O'Connor, ND
Street Address: 245 Knight Ave	Street Address: 225 S. WOODY HILL Rd
City: Attleboro — State: MA — Zip: 02703	City: WESTERLY — State: RI — Zip: 02891
Secretary Name: CAROL LUSENG, LAC	Treasurer Name: NONE
Street Address: 245 Knight Ave	Street Address:
City: Attleboro — State: MA — Zip: 02703	City: — State: — Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L.7-6-23

Director Name: Kimberly Beauchamp, ND	Director Name: ERICA LEPORE, ND
Street Address: 72 Elm Rd	Street Address: 52 Cherry Rd
City: Charlestown — State: RI — Zip: 02813	City: Kingstown — State: RI — Zip: 02879
Director Name: SHEILA M. FRODERMANN, ND	Director Name: Deirdre J. O'Connor, ND
Street Address: 245 Knight Ave	Street Address: 225 S. WOODY Hill Rd
City: Attleboro — State: MA — Zip: 02703	City: WESTERLY — State: RI — Zip: 02891

9. REGISTERED AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 641. R.I.G.L.7-6-13 / 7-6-78

Agent Name: Jill Standard, ND
Address: 144 Waterman St — City: PROV. — Zip: 02906

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer: [signature], pres — Date: 8/05/05
Print or Type Name of Officer: SHEILA FRODERMANN, PRES
Title of Officer: PRESIDENT

FILED
File Date: AUG 1 1 2005
Check No.:
By: MJ 4847
FOR SECRETARY OF STATE USE ONLY

05 AUG -4 AM 11:16
CORP. DIVISION
SECRETARY OF STATE

Form 631 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: June 1 - June 30 • Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
103855	RHODE ISLAND ASSOCIATION OF NATUROPATHIC PHYSICIANS		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	144 WATERMAN STREET	PROV.	02906
5. Foreign corporation: Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
advance philosophy, science & art of Naturopathic Medicine; moral, social & intellectual support

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
SHEILA M. FRODERMANN, ND	Deirdre J. O'Connor, ND
Street Address	Street Address
245 Knight Ave	225 S. Woody Hill Rd
City / State / Zip	City / State / Zip
Attleboro / MA / 02703	WESTERLY / RI / 02891
Secretary Name	**Treasurer Name**
CAROL C. STENG, LAc	NONE
Street Address	Street Address
245 Knight Ave	
City / State / Zip	City / State / Zip
Attleboro / MA / 02703	

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23

Director Name	Director Name
Kimberly Beauchamp, ND	ERICA LEPORE, ND
Street Address	Street Address
72 Elm Rd	52 Cherry Road
City / State / Zip	City / State / Zip
Charlestown / RI / 02813	Kingstown / RI / 02879
Director Name	**Director Name**
SHEILA FRODERMANN, ND	Deirdre J. O'Connor, ND
Street Address	Street Address
245 Knight Ave	225 S. Woody Hill Rd
City / State / Zip	City / State / Zip
Attleboro / MA / 02703	WESTERLY / RI / 02891

05 AUG 11 AM 11:09

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address
Jill Standard	144 Waterman Street
Address	City / Zip
144 Waterman St.	Providence / 02906

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

FILED
File Date 08/11/2005
Check No. AUG-11-2005
By [redacted]
FOR SECRETARY OF STATE USE ONLY

05 AUG -4 AM 11:

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.

[redacted] 8/3/05
Signature of Officer *Date*

SHEILA FRODERMANN, PRES.
Print or Type Name of Officer

PRESIDENT, DIRECTOR
Title of Officer

[redacted]

Form 631 Rev. 6/02

Filing Fee: $20.00

To be filed annually during the month of June

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-103855 Annual Report for the year 2001

1. The name of the corporation is Rhode Island Association of Naturopathic Physicians
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is 144 WATERMAN STREET PROVIDENCE, RI 02906
   and the name of its registered agent in this state at that address is JILL SANDERS STANARD
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is professional organization
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is
6. Corporate address in Rhode Island 144 Waterman Street Providence RI 02906
7. Names and addresses of its directors and officers: *(In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)*

NAME	OFFICE	ADDRESS
Jennifer Morganti	Director	64 Bridge Street Warren RI 02885
Deirdre O'Connor	Director	120 S. Woody Hill Rd Westerly RI
Jill Stanard	Director	127 Ridge Avenue Pawtucket RI 02906
Jennifer Morganti, ND	President	~~Jennifer 144 Waterman, Prov RI~~
Dierdre OConnor, ND	Vice-President	same
Eric Nissen, ND	Secretary	↓
Jill Standard, ND	Treasurer	

Dated: 8/13/01

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.

Rhode Island Association of Naturopathic Physicians
Exact Name of Corporation

By J. Morganti

Title PRESIDENT
(Report must be signed by an officer)

* 1 0 3 8 5 5 *

FOR SECRETARY OF STATE USE ONLY

File Date: 8/23/01

Check No.: 5227

By:

Form No. 631
Revised 5/98

Filing Fee: $20.00

To be filed annually during the month of June

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

NON-PROFIT CORPORATION

Corporate ID Number 163 555

Annual Report for the year 2000

1. The name of the corporation is Rhode Island Association of Naturopathic Physicians
2. The state or other jurisdiction under the laws of which it is incorporated is Rhode Island
3. The address of the registered office of the corporation in this state is 144 Waterman Street Providence RI 02906 and the name of its registered agent in this state at that address is Jill Sanden Stanard
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Promotion of the profession of naturopathic medicine
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is
6. Corporate address in Rhode Island
7. Names and addresses of its directors and officers: *(In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)*

NAME	OFFICE	ADDRESS
Jill Stanard	Director	127 Ridge Ave, Pawtucket RI 02860
Darren OConnor	Director	221 S. Woody Hill Rd. Westerly RI
Marcia Stanard	Director	127 Ridge Avenue, Pawtucket RI 02860
Jill Stanard	President	see above
Darren OConnor	Vice-President	see above
Fran Speck	Secretary	1A Prospect Street Pawcatuck CT 06379
Jill Stanard	Treasurer	see above

Dated: 5-16-00

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.

Rhode Island Association of Naturopathic Physicians
Exact Name of Corporation

By Jill Stanard

Title President/Director

(Report must be signed by an officer)

PAID
MAY 18 2000
SEC'Y OF STATE
517

Form No. 631
Revised 01/99

Filing Fee: $20.00

To be filed annually during the month of June

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

NON-PROFIT CORPORATION

Corporate ID Number 103855 Annual Report for the year 1999

1. The name of the corporation is Rhode Island Association of Naturopathic Physicians
2. The state or other jurisdiction under the laws of which it is incorporated is Rhode Island
3. The address of the registered office of the corporation in this state is 144 Waterman Street, Providence, RI 02906 and the name of its registered agent in this state at that address is Jill Sanders Stanard
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Promotion + support of the profession of naturopathic medicine
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is
6. Corporate address in Rhode Island
7. Names and addresses of its directors and officers: *(In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)*

NAME	OFFICE	ADDRESS
Jill Stanard	Director	127 Ridge Avenue, Pawtucket RI 02860
Deirdre J. O'Connor	Director	221 S Woody Hill Rd Westerly RI
Marcia Stanard	Director	127 Ridge Avenue, Pawtucket RI 02860
Jill Stanard	President	see above
Deirdre O'Connor	Vice-President	see above
Christine Girard-Cintron	Secretary	40 Seymour Ave, Derby CT 06418
Jill Stanard	Treasurer	see above

Dated 5-4-00

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.

Rhode Island Association of Naturopathic Physicians
Exact Name of Corporation

By Jill S Stanard

Title President / Director
(Report must be signed by an officer)

PAID UP 97
MAY 18 2000
SECY OF STATE

Form No. 631
Revised: 01/99