



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 001663431

2. Name of Corporation International Association of Eating Disorders Professionals Foundation, Rhode Island Chapter

3. State of Incorporation

State: IL

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813920

4. Corporate Address in Rhode Island

No. and Street: 18 MAPLE AVE

311

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

CONSISTENT WITH SECTION 501C6 OF THE INTERNAL REVENUE CODE AS AMENDED
PURPOSE IS EDUCATION AND IN COOPERATION WITH THE INTERNATIONAL
ASSOCIATION OF EATING DISORDERS PROFESSIONALS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	ELIZABETH FAYRAM	66 COMMUNITY DRIVE CRANSTON, RI 02905 USA
PRESIDENT	JESSICA WALTHER	34 WALTER ST BARRINGTON, RI 02806 USA
TREASURER	KARA MCKENNA	16 SPRING AVE BARRINGTON, RI 02806 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JESSICA WALTHER 18 MAPLE AVENUE, #311 BARRINGTON , RI 02806

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of July, 2020 at 9:13:24 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By KARA MCKENNA
Signature of Authorized Person

Form No. 631
Revised 09/07

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