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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
MAR 30 2021
BY $300

Annual Report for the year: 2020
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
148338	The Jungian Society for Scholarly Studies, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To study, disseminate, and develop the works and theories of CG Jung
4. NAICS Code: 813920 - Professional Organiz	

6. Principal Office Address	City	State	Zip
18551 Innsbrook Dr #2	Northville	MI	48168

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice President Name
Lulee Hockley	Erika Volfa
Street Address: 20 Gravenhurst Rd	Street Address: Calle Fernandez Shaw 39
City: Campton, Bedfordshire — State: — Zip: SG17 5NY	City: Malaga — State: Spain — Zip: 29017
Secretary Name: Heather Taylor-Zimmerman LLC	**Treasurer Name:** Greg Mahr
Street Address: 6308 Boardman Rd NW	Street Address: 18551 Innsbrook Dr #2
City: Olympia — State: WA — Zip: 98502	City: Northville — State: MI — Zip: 48168

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Elizabeth Nelson	Sukey Fontejien
Street Address: 10544 Butterfield Rd	Street Address: 2959 Puerta Ave
City: LA — State: CA — Zip: 90064	City: Santa Barbara — State: CA — Zip: 93110
Director Name: Susan Wyatt	**Director Name:**
Street Address: 519 Nevada St.	Street Address:
City: El Segundo — State: CA — Zip: 90245	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
Greg Mahr	3/11/21

Signature of Officer/Authorized Representative: [signature]

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: 06/2019