

State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: **2021**

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.

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BUS SVCS DIV

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1. Entity ID Number 000165073		2. Exact name of the Corporation International Society for the Advancement of Emery Research			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO FOSTER AND PROMOTE THE SCIENTIFIC UNDERSTANDING OF THE CONCEPT OF EMERGY WHICH WAS FIRST DEVELOPED BY H.T. ODUM, HIS STUDENTS AND COLLEAGUES.			
4. NAICS Code 813920 - Professional Organizati					
6. Principal Office Address 239 BRIARWOOD DRIVE			City WAKEFIELD	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARK T. BROWN PH.D.			Vice-President Name		
Street Address Univ. Florida, Env. Eng. Sci., 102 Phelps Lab.			Street Address		
City GAINESVILLE	State FL	Zip 32611	City	State	Zip
Secretary Name DON BLANCHER PH.D.			Treasurer Name DANIEL E. CAMPBELL PH.D.		
Street Address 300 FERN HILL COURT			Street Address 239 BRIARWOOD DRIVE		
City MOBILE	State AL	Zip 36608	City WAKEFIELD	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARK T. BROWN PH.D.			Director Name DANIEL E. CAMPBELL PH.D.		
Street Address Univ. Florida, Env. Eng. Sci., 102 Phelps Lab.			Street Address 239 BRIARWOOD DRIVE		
City GAINESVILLE	State FL	Zip 32611	City WAKEFIELD	State RI	Zip 02879
Director Name DON BLANCHER PH.D.			Director Name		
Street Address 300 FERN HILL COURT			Street Address		
City MOBILE	State AL	Zip 36608	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative DANIEL E. CAMPBELL PH.D., Treasurer				Date 06/25/2021	
Signature of Officer/Authorized Representative <i>Daniel E Campbell</i>					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY *[Signature]* M 3:07 TR
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