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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

→ 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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1. Entity ID Number	2. Exact name of the Corporation						
000165073	International Society for the Advancement of Emergy Research						
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	TO FOSTER AND PROMOTE THE SCIENTIFIC UNDERSTANDING OF THE CONCEPT OF						
4. NAICS Code	EMERGY WHICH WAS FIRST DEVELOPED BY H.T. ODUM, HIS STUDENTS AND						
813920 - Professional Organization	COLLEAGUES.						
8. Principal Office Address			City	State	Zip		
239 BRIARWOOD DRIVE			WAKEFIELD	RI	02879		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
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	Zφ		
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	^{Žlp} 36608	City WAKEFIELD	State RI	Zlp 02879		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment.							
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	^{Z)p} 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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Tressurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative					Date		
DANIEL E. CAMPBELL PH.D., Treasurer				06/251	2021		
Signature of Officer/Authorized Representative Oanuel & Cansull Eller							
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov

FORM 631 - Revised: 08/2020