



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

**Non-Profit Corporation**

- Filing period: February 1 - May 1  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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INDICATED

1. Entity ID Number <b>000165073</b>		2. Exact name of the Corporation <b>International Society for the Advancement of Emery Research</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To foster and promote the scientific understanding of the concept of emery which was first developed by H.T. Odum, his students and colleagues.</b>			
4. NAICS Code <b>813920</b>					
6. Principal Office Address <b>942 Williams Street</b>			City <b>Edgewater</b>	State <b>MD</b>	Zip <b>21037</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Dr. Mark T. Brown, Professor Emeritus</b>			Vice-President Name		
Street Address <b>2124 SE 30th Place</b>			Street Address		
City <b>Gainesville</b>	State <b>FL</b>	Zip <b>32641</b>	City	State	Zip
Secretary Name <b>Eldon C. Blancher, Ph.D</b>			Treasurer Name <b>Daniel E. Campbell, Ph.D</b>		
Street Address <b>412 Dauphin Street</b>			Street Address <b>942 Williams Street</b>		
City <b>Mobile</b>	State <b>AL</b>	Zip <b>36602</b>	City <b>Edgewater</b>	State <b>MD</b>	Zip <b>21037</b>
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 <b>Dr. Mark T. Brown, Professor Emeritus</b>			Director Name <b>Eldon C. Blancher, Ph.D</b>		
Street Address <b>2124 SE 30th Place</b>			Street Address <b>412 Dauphin Street</b>		
City <b>Gainesville</b>	State <b>FL</b>	Zip <b>32641</b>	City <b>Mobile</b>	State <b>AL</b>	Zip <b>36602</b>
Director Name <b>Daniel E. Campbell, Ph.D</b>			Director Name		
Street Address <b>942 Williams Street</b>			Street Address		
City <b>Edgewater</b>	State <b>MD</b>	Zip <b>21037</b>	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, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <b>Daniel E. Campbell, Ph.D</b>				Date <b>04/04/2025</b>	
Signature of Officer/Authorized Representative <i>Daniel E Campbell</i>					

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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FORM 631 - Revised: 04/2023