



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. 28303		2. Name of Corporation Novel Corp.	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 70 Brown St., Box 1984	
		City Providence	Zip 02912
5. Foreign corporation. Enter principal office address		City	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Publication of scholarly and critical articles on fiction.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Nancy Armstrong		Vice President Name	
Street Address Box 1984, Brown University		Street Address	
City Providence	State RI	Zip 02912	
Secretary Name Wendy Lee		Treasurer Name	
Street Address Box 1984, Brown University		Street Address	
City Providence	State RI	Zip 02912	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Nancy Armstrong		Director Name Ellen Rooney	
Street Address Box 1984, Brown University		Street Address Box 1984, Brown University	
City Providence	State RI	Zip 02912	
Director Name Timothy Bewes		Director Name	
Street Address Box 1984, Brown University		Street Address	
City Providence	State RI	Zip 02912	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name Nancy Armstrong		Address	
Address Box 1984, Brown University		City Providence	Zip 02912

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

[Signature] 6/24/08
Signature of Officer Date

Print or Type Name of Officer

Title of Officer

FILED
File Date: JUL 02 2008
Check No: 167546
By: [Signature]
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