



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000522039

2. Name of Corporation PL-AIDS Project (Partners in Learning about AIDS Project)

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 2459

City or Town: PROVIDENCE

State: RI

Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PL-AIDS Project is an HIV/AIDS advocacy and prevention organization that seeks to reduce the spread of HIV/AIDS and focuses heavily on the development and promotion of biomedical HIV prevention strategies. Founded by Brown University medical and public health students, at its core, this corporation has a specific mission to bring Brown University undergraduate, graduate, and medical students to global sites where unique cultural exchanges can develop between local collaborators and Brown students with the eventual goal of assisting in the creation of culturally relevant public health interventions tailored to local cultures. No less important is the organization's interest in engaging directly with local communities. PL-AIDS Project seeks to help develop novel biomedical HIV prevention strategies for high-risk BGLT, Latino, and Asian communities within the southern New England area.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
OTHER OFFICER	GAVIN MYERS	PO BOX 2459 PROVIDENCE, RI 02906 UNI
DIRECTOR	JONATHAN SUNG	2 CARRIAGE DRIVE LINCOLN, RI 02865 USA
PRESIDENT	GAVIN MYERS	PO BOX 2459 PROVIDENCE, RI 02906 USA
SECRETARY	JONATHAN SUNG	2 CARRIAGE DRIVE LINCOLN, RI 02865 USA
DIRECTOR	HAROLD COLERIDGE	501 LEXINGTON ST.-APT 54 WALTHAM, MA 02452 USA
TREASURER & DIRECTOR	HAN-WOONG LEE	69 BROWN ST.-BOX 8061 PROVIDENCE, RI 02912 USA
DIRECTOR	GAVIN MYERS	P.O. BOX 2459 PROVIDENCE, RI 02906 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MIRIAM ROSS, ESQ. 10 ELMGROVE AVE PROVIDENCE , RI 02906

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

Signed this 20 Day of June, 2012 at 11:58:48 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By GAVIN MYERS

Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07