



**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

**Foreign Non-Profit
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: 2014

1. Corporate ID No. 000792194

2. Name of Corporation The Clay Mathematics Institute, Inc.

3. State of Incorporation

State: DE

4. Corporate Address in Rhode Island

No. and Street: 10 MEMORIAL BOULEVARD, SUITE 902

City or Town: PROVIDENCE

State: RI Zip: 02903 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

TO INCREASE AND DISSEMINATE MATHEMATICAL KNOWLEDGE, TO EDUCATE
MATEMATICIANS AND OTHER SCIENTISTS ABOUT NEW DISCOVERIES IN THE FIELD
OF MATHEMATICS, TO ENCOURAGE GIFTED STUDENTS TO PURSUE MATHEMATICAL
CAREERS AND TO RECOGNIZE EXTRAORDINARY ACHIEVEMENTS AND ADVANCES IN
MATEHEMATICAL RESEARCH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	NICHOLAS WOODHOUSE	10 MEMORIAL BOULEVARD, SUITE 902 PROVIDENCE, RI 02903 USA
SECRETARY/ VP	BRIAN JAMES	10 MEMORIAL BLVD PROVIDENCE, RI 02903 USA

DIRECTOR	THOMAS CLAY	10 MEMORIAL BLVD PROVIDENCE, RI 02903 USA
DIRECTOR	LANDON CLAY	10 MEMORIAL BLVD PROVIDENCE, RI 02903 USA
DIRECTOR	LAVINIA CLAY	10 MEMORIAL BLVD PROVIDENCE, RI 02903 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**

BRIAN JAMES 10 MEMORIAL BOULEVARD, SUITE 902 PROVIDENCE , RI 02903

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

Signed this 3 Day of June, 2014 at 8:46:49 AM by the authorized person. *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 company, 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 BRIAN JAMES
Signature of Authorized Person

Form No. 631
Revised 09/07

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