STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
149973	**The Lijiang Studio Foundation**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Educational and charitable purposes**

5. Principal office address	City	State	Zip
50 South Main Street	**Providence**	**RI**	**02903**

President Name			Vice-President Name		
Jay Brown			**Anne A. Hawley**		
Street Address			Street Address		
50 South Main Street			**154 Brattle Street**		
City	State	Zip	City	State	Zip
Providence	**RI**	**02903**	**Cambridge**	**MA**	**02138-2235**
Secretary Name			Treasurer Name		
Jacob Caccia			**Jay Brown**		
Street Address			Street Address		
#85 Yuanxi LU 2-3-202 Kumming			**50 South Main Street**		
City	State	Zip	City	State	Zip
Yunnan	**PRC**	**650093**	**Providence**	**RI**	**02903**

Director Name			Director Name		
Jay Brown			**Jacob Caccia**		
Street Address			Street Address		
50 South Main Street			**#85 Yuanxi LU 2-3-202 Kumming**		
City	State	Zip	City	State	Zip
Providence	**RI**	**02903**	**Yunnan**	**PRC**	**650093**
Director Name			Director Name		
Anne A. Hawley			**Dan Monroe**		
Street Address			Street Address		
154 Brattle Street			**Peabody Essex Museum, East India Square**		
City	State	Zip	City	State	Zip
Cambridge	**MA**	**02138-2235**	**Salem**	**MA**	**01970-3703**

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

[redacted]

FILED
MAY 18 2015
1044

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 of Officer or Authorized Representative — Date

Jay Brown, President and Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014