



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 27900		2. Name of Corporation The Brown University Faculty-Graduate Student Club	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 90 Thayer St.	
5. Foreign corporation. Enter principal office address		City	State
		Providence	RI
		Zip	02912
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island PROVIDING A SOCIAL ATMOSPHERE FOR THE BROWN UNIVERSITY COMMUNITY			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Christopher Harwood		Vice President Name Donald Ward	
Street Address EHS Room 423 164 Angell St		Street Address 242 Wickenden St #2L	
City Providence	State RI	City Providence	State RI
Zip 02912		Zip 02903	
Secretary Name Brad Thomson		Treasurer Name Cameron McClure	
Street Address 23 Savoy St		Street Address Box 0514 Brown University	
City Providence	State RI	City Providence	State RI
Zip 02906		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 Dana Chung		Director Name Derek Hanger	
Street Address 600 Hope St. #1		Street Address 42 John St. 1-B	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Director Name Kerin Holt		Director Name	
Street Address 323 Williams St		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
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 CHRISTOPHER HARWOOD		Address EHS, ROOM 423	
Address 164 ANGELL STREET		City PROVIDENCE	Zip 02912

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



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File Date **8/2/04**
Check No. **5660**
By: **DA**

FOR SECRETARY OF STATE USE ONLY

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.

Christopher Harwood **7/9/04**
Signature of Officer Date
CHRISTOPHER HARWOOD
Print or Type Name of Officer
PRESIDENT, BOARD OF GOVERNORS
Title of Officer