



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
27841		BROWN FACULTY CLUB			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		FACULTY CLUB FOR STAFF AND ALUMNI OF BROWN UNIVERSITY			
5. Principal Office Address		City	State	Zip	
1 MAGEE STREET		PROVIDENCE	RI	02912	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH DIMARTINO			Vice-President Name		
Street Address 1 MAGEE STREET			Street Address		
City PROVIDENCE	State RI	Zip 02912	City	State	Zip
Secretary Name DR. JULIAN IP, MP			Treasurer Name		
Street Address BROWN UNIVERSITY DIV. OF BIO MED			Street Address		
City PROVIDENCE	State RI	Zip 02912	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PROFESSOR HOWARD CHUDACOFF			Director Name PROFESSOR ALBERT DAHLBERG		
Street Address BROWN UNIVERSITY DEPT. OF HISTORY			Street Address BROWN UNIVERSITY DEPT. OF M&C BIO		
City PROVIDENCE	State RI	Zip 02912	City PROVIDENCE	State RI	Zip 02912
Director Name PROFESSOR JOSEPH MUNDY			Director Name PROFESSOR ROCHELLE ROSEN		
Street Address BROWN UNIVERSITY DEPT. OF ENGINEER			Street Address BROWN UNIVERISTY BEHAV. AND SOCIA		
City PROVIDENCE	State RI	Zip 02912	City PROVIDENCE	State RI	Zip 02912
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JOSEPH DIMARTINO				Date 6/7/16	
Signature of Officer/Authorized Representative 					

FILED

JUN 30 2016

BY

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