



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

Annual Report for the year: **2017**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 149973		2. Exact name of the Corporation THE LIJIANG STUDIO FOUNDATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EDUCATION AND CHARITABLE PURPOSES			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address 50 SOUTH MAIN STREET			City PROVIDENCE	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAY BROWN			Vice-President Name ANNE A. HAWLEY		
Street Address 50 SOUTH MAIN STREET			Street Address 154 BRATTLE STREET		
City PROVIDENCE	State RI	Zip 02903	City CAMBRIDGE	State MA	Zip 02138
Secretary Name JACOB CACCIA			Treasurer Name JAY BROWN		
Street Address #85 YUANXI LU 2-3-202 KUMMING			Street Address 50 SOUTH MAIN STREET		
City YUNNAN	State PRC	Zip 650093	City PROVIDENCE	State RI	Zip 02903
8. 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 JAY BROWN			Director Name JACOB CACCIA		
Street Address 50 SOUTH MAIN STREET			Street Address #85 YUANXI LU 2-3-202 KUMMING		
City PROVIDENCE	State RI	Zip 02903	City YUNNAN	State PRC	Zip 650093
Director Name ANNE A. HAWLEY			Director Name DAN MONROE		
Street Address 154 BRATTLE STREET			Street Address PEABODY ESSEX MUSEUM, EAST INDIA SQ.		
City CAMBRIDGE	State MA	Zip 02138	City SALEM	State MA	Zip 01970
9. 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 JAY BROWN / PRESIDENT AND TREASURER					Date 6/6/17
Signature of Officer/Authorized Representative <i>Jay Brown</i> SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUN 09 2017

BY

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