



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

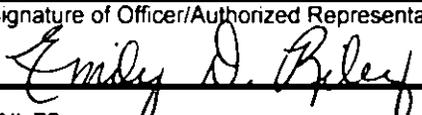
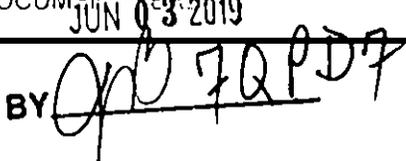
RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: **2019**

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.

2019 JUN -3 PM 12:25

1. Entity ID Number 26929		2. Exact name of the Corporation International Congress of Mathematicians 1986			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Furtherance of Mathematical Research and Scholarship			
4. NAICS Code 813920 - Professional Organiza					
6. Principal Office Address 201 Charles Street		City Providence	State RI	Zip 02904-2213	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Silverman		Vice-President Name N/A			
Street Address 57 North Hill Avenue		Street Address			
City Needham	State MA	Zip 02492	City	State	Zip
Secretary Name Emily D. Riley		Treasurer Name Prof Jane M. Hawkins			
Street Address 201 Charles Street		Street Address Dept. of Mathematics, UNC at Chapel Hill			
City Providence	State RI	Zip 02904	City Chapel Hill	State NC	Zip 27599
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 Prof Ralph L. Cohen		Director Name Prof Bryna Kra			
Street Address 1047 Greenwood Drive		Street Address Department of Mathematics, Northwestern Univ.			
City Menlo Park	State CA	Zip 94025	City Evanston	State IL	Zip 60208
Director Name Prof Robert K. Lazarsfeld		Director Name Prof Judy Walker			
Street Address Dept. of Mathematics, Stony Brook Univ.		Street Address 2401 Van Dorn Street			
City Stony Brook	State NY	Zip 11794	City Lincoln	State NE	Zip 68502
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Emily D. Riley, Secretary				Date 5/31/19	
Signature of Officer/Authorized Representative 				FILED SIGN DOCUMENT HERE JUN 03 2019 BY 	

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