



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

Annual Report for the year: **2020**

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.

FILED

JUN 26 2020

BY

56692

1. Entity ID Number 20113		2. Exact name of the Corporation American Mathematical Society			
3. State of Incorporation District of Columbia		5. Brief description of the character of business conducted in Rhode Island Furtherance of Mathematical Research and Scholarship			
4. NAICS Code 813920 - Professional Orgar					
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 ☐
President Name Prof Jill C. Pipher			Vice-President Name N/A		
Street Address Brown University			Street Address		
City Providence	State RI	Zip 02912	City	State	Zip
Secretary Name Prof Carla D. Savage			Treasurer Name Prof Jane M. Hawkins		
Street Address Dept. of Computer Science, NCSU			Street Address Dept. of Mathematics, UNC at Chapel Hill		
City Raleigh	State NC	Zip 27695	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 ☐
Director Name Prof Joseph H. Silverman			Director Name Prof Ralph L. Cohen		
Street Address 57 North Hill Avenue			Street Address 1047 Greenwood Drive		
City Needham	State MA	Zip 02492	City Menlo Park	State CA	Zip 94025
Director Name Professor Matthew Ando			Director Name Prof Bryna Kra		
Street Address University of Illinois			Street Address Department of Mathematics		
City Urbana	State IL	Zip 61801	City Evanston	State IL	Zip 60208
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Jane M. Hawkins, Treaserer					Date
Signature of Officer/Authorized Representative					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