



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

FILED

JUN 26 2020

BY

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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

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 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 <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 Dept. 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.					
<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 Emily D. Riley, Secretary				Date 06/12/2020	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services
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