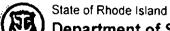
RI SOS Filing Number: 202328756890 Date: 2/16/2023 4:00:00 PM



Department of State - Business Services Division

Annual Report for the year:	2023
Non-Profit Corporation	
	

-> Filing period: February 1 - May 1

→ Filing Fee. \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 16	2023 STAMP
90	ON PROMISE TO SERVICE

1. Entity ID Number	To 5							
001743093	2. Exact name of the Corporation Brown University Chapter of the AAUP							
State of Incorporation RI	Brief description of the character of business conducted in Rhode Island Defend and advance academic freedom and shared governance in higher							
4 NAICS Code	education							
813930 - Labor Unions and Si								
Principal Office Address Street			City Providence	State RI	Zip 02909			
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Kristina Mendicino			Vice-President Name Gerhard Richter					
Street Address 157 Waterman Street, Unit 7			Street Address 1 Wayland Avenue, #209n					
City Providence	State RI	Zip 02906	City Providence	State RI	^{Zip} 02906			
Secretary Name Timothy Bewes			Treasurer Name Denise Davis					
Street Address 30 Hart Street		Street Address 45 Oak Street						
City Providence	State RI	^{Zip} 02906	City Providence	State RI	^{Zip} 02909			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name Kristina Mendicino			Director Name Gerhard Richter					
Street Address 157 Waterman St. #7			Street Address 1 Wayland Avenue, #309n					
City Providence	State RI	^{Zip} 02906	^{City} Providence	State RI	^{Zip} 02906			
Director Name Timothy Bewes			Director Name					
Street Address 30 Hart Street		Street Address						
City Providence	State RI	^{Zip} 02906	City	State	Zip			
9. The Registered Agent informatio	9. The Registered Agent information of record with the RI Department of State is accurate. 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 Denise Davis				Date 1 Feb. 2023				
Signature of Officer/Authorized Representative								

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov