



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

State of Rhode Island

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
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1. Entity ID Number 001743093		2. Exact name of the Corporation Brown University Chapter of the AAUP			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Defend and advance academic freedom and shared governance in higher education			
4 NAICS Code 813930 - Labor Unions and Si					
6. Principal Office Address 45 Oak Street		City Providence		State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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.					
<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 Denise Davis				Date 1 Feb. 2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov