



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Non-Profit  
Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000109084

**2. Name of Corporation** RISD Holdings, Inc.

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

611310

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 20 WASHINGTON PLACE  
RHODE ISLAND SCHOOL OF DESIGN

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

ACQUIRING, HOLDING TITLE TO, AND COLLECTING INCOME FROM REAL PROPERTY; REMITTING THE ENTIRE AMOUNT OF INCOME FROM SUCH PROPERTY (LESS EXPENSES) TO RHODE ISLAND SCHOOL OF DESIGN.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).  
R.I.G.L.  
7-6-23

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | CRYSTAL WILLIAMS                               | 20 WASHINGTON PLACE<br>PROVIDENCE, RI 02903 USA            |
| TREASURER | DAVID ROSATI                                   | 20 WASHINGTON PLACE<br>PROVIDENCE, RI 02903 USA            |
| DIRECTOR  | DAVID ROSATI                                   | 20 WASHINGTON PLACE<br>PROVIDENCE, RI 02903 USA            |
| DIRECTOR  | KAREN HAMMOND                                  | 20 WASHINGTON PLACE<br>PROVIDENCE, RI 02903 USA            |
| DIRECTOR  | BOB DIMUCCIO                                   | 20 WASHINGTON PLACE<br>PROVIDENCE, RI 02903 USA            |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

RENEE BYAS 20 WASHINGTON PLACE PROVIDENCE , RI 02903

Signed this 15 Day of August, 2023 at 12:43:20 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By RENEE BYAS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 15, 2023 12:43 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

