



State of Rhode Island  
Department of State - Business Services Division

**FILED**

MAR 21 2024

BY 1004  
*[Signature]*

Annual Report for the year: 2024

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.

1. Entity ID Number <b>001696927</b>		2. Exact name of the Corporation <b>The John Carter Brown Library Research Foundation</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To support academic research in the history of the Americas during the colonial period (c1500-1825).</b>			
4. NAICS Code <b>519120</b>					
6. Principal Office Address <b>94 George Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Christina Paxson</b>			Vice-President Name <b>John Stuart</b>		
Street Address <b>50 Power Street</b>			Street Address <b>389 Erskine Road</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Stamford</b>	State <b>CT</b>	Zip <b>06903</b>
Secretary Name <b>Karin Wulf</b>			Treasurer Name <b>Karin Wulf</b>		
Street Address <b>94 George Street</b>			Street Address <b>94 George Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Paul Gebhard</b>			Director Name <b>John Stuart</b>		
Street Address <b>1820 Carpenter Road</b>			Street Address <b>389 Erskine Road</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip <b>22314</b>	City <b>Stamford</b>	State <b>CT</b>	Zip <b>06903</b>
Director Name <b>Pamela Reeves</b>			Director Name		
Street Address <b>2936 Brandywine Street, NW</b>			Street Address		
City <b>Washington</b>	State <b>DC</b>	Zip <b>20008</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Karin Wulf</b>				Date <b>3.19.24</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>				<b>3.19.24</b>	

MAIL TO:  
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