



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 001746245		2. Exact name of the Corporation Rhode Island School of Design Part-Time Faculty Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Develop and improve working conditions for Rhode Island School of Design Part-Time Faculty			
4. NAICS Code 813930					
6. Principal Office Address 2 College St., #2			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Gloria-Jean Masciarotte			Vice-President Name Ernesto Aparicio		
Street Address 2 College Street			Street Address 2 College Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Susan Solomon			Treasurer Name Andrew Savchenko		
Street Address 2 College Street			Street Address 2 College Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Gloria-Jean Masciarotte			Director Name Susan Solomon		
Street Address 2 College Street			Street Address 2 College Street		
City Providence	State RI	Zip 02903	City Providence	State	Zip 02903
Director Name Andrew Savchenko			Director Name		
Street Address 2 College Street			Street Address		
City Providence	State RI	Zip 02903	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 Gloria-Jean Masciarotte				Date 6/22/24	
Signature of Officer/Authorized Representative <i>G. Masciarotte</i>				FILED 342 JUN 25 2024 BY YAB-EM	



State of Rhode Island

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The Department of State tracks the number of new business filings on a quarterly and an annual basis.

We are seeking more information from non-profit corporations and hope these four voluntary questions will help us better present useful trends and information on the health of our economy:

Entity ID Number: 001746245	Name of the Non- Profit Corporation: Rhode Island School of Design Part-Time Faculty Association
1. How many full-time employees does the non-profit have:	
☒ 0 ☐ 1-5 ☐ 6-50 ☐ 51-200 ☐ 201-500 ☐ Over 500	
2. How many volunteers does the non-profit have:	
☒ 0 ☐ 1-5 ☐ 6-50 ☐ 51-200 ☐ 201-500 ☐ Over 500	
3. What was the non-profit's operating budget for the past year:	
☐ \$0-\$50,000 ☒ \$51,000-\$250,000 ☐ \$251,000-\$500,000 ☐ \$501,000-\$1,000,000 ☐ Over \$1,000,000	
4. Identify the funding sources that contributed to the non-profit's operating budget for the past year:	
☐ Federal Grants ☐ State Grants ☐ Donations ☒ Fee-for-service ☐ Fundraising	

Please note that all records maintained by or kept on file by the Department of State shall be public records unless exempt from disclosure in accordance with RIGL [38-2 Access to Public Records](#).

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov