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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 Amended
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	2. Exact name of the Corporation
001746245	Rhode Island School of Design Part-Time Faculty Association
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Develop and improve working conditions for Rhode Island School of Design Part-Time Faculty
4. NAICS Code	
813930	

6. Principal Office Address	City	State	Zip
2 College St., # 2	Providence	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Susan Solomon	
Street Address: 2 College St	Street Address
City: Providence; State: RI; Zip: 02903	City; State; Zip
Secretary Name	**Treasurer Name**
Anna Brecke	Andrew Savchenko
Street Address: 2 College St	Street Address: 2 College St
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	Director Name
Susan Solomon	Andrew Savchenko
Street Address: 2 College St	Street Address: 2 College St.
City: Providence; State: RI; Zip: 02903	City: Providence; State: RI; Zip: 02903
Director Name	**Director Name**
Anna Brecke	
Street Address: 2 College St.	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.

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	Date
Andrew Savchenko	7/17/24

Signature of Officer/Authorized Representative

FILED
JUL 29 2024
BY

MAIL TO:
Division of Business Services
146 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised 12/2023

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:

July 29, 2024 10:52 AM

Gregg M. Amore
Secretary of State