



State of Rhode Island
Department of State - Business Services Division

FILED
MAR 20 2025
BY 1090 *a*

Annual Report for the year: 2025

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 001696927		2. Exact name of the Corporation The John Carter Brown Library Research Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To support academic research in the history of the Americas during the colonial period (c1500-1825).			
4. NAICS Code 519120					
6. Principal Office Address 94 George Street			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christina Paxson			Vice-President Name John Stuart		
Street Address 50 Power Street			Street Address 89 Erskine Road		
City Providence	State RI	Zip 02906	City Stamford	State CT	Zip 06903
Secretary Name Karin Wulf			Treasurer Name Karin Wulf		
Street Address 94 George Street			Street Address 94 George Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Paul Gebhard			Director Name John Stuart		
Street Address 1820 Carpenter Road			Street Address 389 Erskine Road		
City Alexandria	State VA	Zip 22314	City Stamford	State CT	Zip 06903
Director Name Pamela Reeves			Director Name		
Street Address 2936 Brandywine Street, NW			Street Address		
City Washington	State DC	Zip 20008	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 Karin Wulf				Date 3.18.25	
Signature of Officer/Authorized Representative 					

MAIL TO:
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