



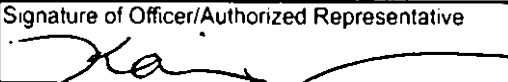
State of Rhode Island  
Department of State - Business Services Division

**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<br><b>001696927</b>   |                 | 2. Exact name of the Corporation<br><b>The John Carter Brown Library Research Foundation</b>   |  |                        |                     |
| 3. State of Incorporation<br><b>RI</b>  |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>To support academic research in the history of the Americas during the colonial period (c1500-1825).</b> |  |                        |                     |
| 4. NAICS Code<br><b>519120</b>  |                 |  |  |                        |                     |
| 6. Principal Office Address<br><b>94 George Street</b>  |                 |  | City<br><b>Providence</b>              | State<br><b>RI</b>     | Zip<br><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>89 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<br><b>Karin Wulf</b>  |                 |  |  | Date<br><b>3.18.25</b> |                     |
| Signature of Officer/Authorized Representative<br>   |                 |  |  |                        |                     |

**MAIL TO:**  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)