



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 29 2025

BY

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REC'D R.DOS B.S.D.
25 MAY 23 PM 12:45

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 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 613930					
6. Principal Office Address 2 College Street, #2			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Susan Solomon			Vice-President Name Elizabeth Maynard		
Street Address 2 College Street			Street Address 2 College Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Anna Brecke			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 <input type="checkbox"/>					
Director Name Susan Solomon			Director 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
Director Name Anna Brecke			Director Name Elizabeth Maynard		
Street Address 2 College Street			Street Address 2 College Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Andrew Savchenko					Date 05/29/2025
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov