

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000004751

Entity Name: THE ALGEBRA PROJECT, INC.**Current Principal Place of Business:**99 BISHOP RICHARD ALLEN DR
CAMBRIDGE, MA 02139-3409**Current Mailing Address:**99 BISHOP RICHARD ALLEN DR
CAMBRIDGE, MA 02139-3409 US**FEI Number:** 22-3237788**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WYNNE, JOAN T
2951 SOUTHWEST 187 TERR
MIRAMAR, FL 33029 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JOAN T WYNNE

01/18/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name MOYNIHAN, BENJAMIN
Address 7 PLYMOUTH ST
City-State-Zip: ARLINGTON MA 02476

Title VICE CHAIRWOMAN
Name LOVE, LADON
Address 1913 EASTWEST HWY
City-State-Zip: SILVER SPRINGS MD 20910

Title DIRECTOR
Name WALKER, B.J.
Address 5804 RACE ST
City-State-Zip: CHICAGO IL 60644

Title CHAIRMAN
Name MILNER, KHARI J
Address P.O. BOX 390128
City-State-Zip: CAMBRIDGE MA 02139

Title TREASURER
Name BROWN, HERBERT II
Address 785 CEDARHURST RD
City-State-Zip: JACKSON MS 39206

Title DIRECTOR
Name GLOVER, DANIEL
Address C/O CARRIE PRODUCTIONS, INC.
2625 ALCATRAZ AVENUE #243
City-State-Zip: BERKELEY CA 94705

Title DIRECTOR
Name COX, COURTLAND
Address 1716 VERBENA STREET
City-State-Zip: WASHINGTON DC 20012

Title CLERK
Name SAMSTEIN, IVAN
Address 5525 S KIMBARK AVENUE
City-State-Zip: CHICAGO IL 60637

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BENJAMIN MOYNIHAN**EXECUTIVE DIRECTOR**

01/18/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WILSON, ROBIN
Address	5004 ESCALON AVENUE
City-State-Zip:	VIEW PARK CA 90043