

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000004053

Entity Name: BROWN UNIVERSITY INC.**Current Principal Place of Business:**1 PROSPECT ST.
PROVIDENCE, RI 02912-1913**Current Mailing Address:**1 PROSPECT ST.
PROVIDENCE, RI 02912-1913 US**FEI Number:** 05-0258809**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	PAXSON, CHRISTINA
Address	1 PROSPECT ST.
City-State-Zip:	PROVIDENCE RI 02912-1913

Title	SECRETARY
Name	FRIEDMAN, RICHARD
Address	1 PROSPECT ST.
City-State-Zip:	PROVIDENCE RI 02912-1913

Title	DIRECTOR
Name	RESSLER, ALISON S
Address	1 PROSPECT ST.
City-State-Zip:	PROVIDENCE RI 02912-1913

Title	TREASURER
Name	GOUW, THERESIA
Address	1 PROSPECT ST.
City-State-Zip:	PROVIDENCE RI 02912-1913

Title	DIRECTOR
Name	MENCOFF, SAMUEL M
Address	1 PROSPECT ST.
City-State-Zip:	PROVIDENCE RI 02912-1913

Title	DIRECTOR
Name	GIANCARLO, CHARLES H
Address	1 PROSPECT ST.
City-State-Zip:	PROVIDENCE RI 02912-1913

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: PAXSON , CHRISTINA**PRESIDENT****02/24/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date