State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Instructions for Filing
Application for Certificate of Authority for a Non-Profit Corporation

Section 7-6-74 of the General Laws of Rhode Island, 1956, as amended

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.

This legal document should be typed. All illegible documents will be REJECTED.

How to complete the form:

1. State the name of the corporation. It must match the name on your Certified Copies of Articles of Incorporation and Amendments from the state or country, which must be attached to this form. Your entity name must be distinguishable from any name on file in this office. You may check name availability on our website; however, this does not ensure the name will still be available upon filing. If the name is unavailable for use in Rhode Island, list an elected name on the second line and a Fictitious Business Name Statement, Form 626, must be filed and submitted with this application. The Fictitious Business Name Statement has a $20 filing fee.
2. List the state or country under whose laws the corporation was incorporated.
3. State the date of incorporation in the state of formation. Check the appropriate box for the duration of the corporation. Check “date certain for dissolution” only if there is a designated dissolution date in the state or country of formation.
4. List the principal place of business for the corporation.
5. State the name of the registered agent. The registered agent is an individual or entity that will accept all legal service for this entity. The agent must be a Rhode Island resident or entity qualified to do business in this state. A Rhode Island street address is required, **NOT** a P.O. Box. In addition to all legal service of process, other important correspondence from the state will be sent to this address.
6. List the specific purpose(s) for transacting business in Rhode Island.
7. List the names and addresses of the corporation’s directors and officers.
8. Certified Copies of Articles of Incorporation and Amendments from the state or country of formation dated within 60 days of the date of this filing must accompany this application.
9. **BOTH** the President or Vice President **AND** the Secretary or Assistant Secretary **MUST** sign and date the form.

How to pay the filing fee:

The filing fee is $50, payable either in person via cash, credit card, or check at the Business Services Division, or by mail to the Business Services Division via check payable to RI Department of State.

How to confirm your filing:

Entity records are retrievable and viewable through our website. Successful filings will **NOT** result in a mailed confirmation. Filings that cannot be processed will be posted online and then returned. To confirm your submission and obtain evidence of your filing:

- Log on to the Corporate Database
- Enter the name or ID number of your entity and click “Search”
- Click on the link to your entity record, scroll down, select “All Filings” and then “View Filing”
- Identify desired type of filing and click on “PDF” under “Files” to view and print the record
- Filing rejections can be viewed online, via our Rejected Filings Viewer

How to maintain your status:

The corporation is responsible for filing an annual report each calendar year, excluding the year of registration, between June 1 and June 30. A courtesy reminder will be mailed to the registered agent prior to June 1 of each year. Be sure to follow up with your registered agent concerning the filing of this report. Failure to file an annual report or maintain a registered agent/office may result in the revocation of the Certificate of Authority pursuant to RIGL 7-6-85.

Your business may require additional licensing. Please visit our website for further information.

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STAMP

FOR SECRETARY OF STATE USE ONLY

Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: $50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

If this name is unavailable in Rhode Island, the corporation's elected name is:

2. It is incorporated under the laws of:

3. The date of its incorporation is:

And the period of its duration is: CHECK ONLY ONE BOX

☐ Perpetual (on-going)

☐ Date certain for dissolution _____

4. The address of its principal place of business is:

5. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name

Street Address (NOT a P.O. Box)

City/Town	State	Zip Code
	RHODE ISLAND	

6. List the specific purposes for transacting business in Rhode Island:

Check the box to indicate an attachment. ☐

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

STAMP

FOR SECRETARY OF STATE USE ONLY

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director		
Director		
Director		
President		
Vice President		
Treasurer		
Secretary		

Check the box to indicate an attachment. ☐

8. This application must be accompanied by Certified Copies of its Articles of Incorporation and **ALL** Amendments issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of ☐ President OR ☐ Vice President	Date
Signature of President OR Vice President SIGN DOCUMENT HERE	
Type of Print Name of ☐ Secretary OR ☐ Assistant Secretary	Date
Signature of Secretary OR Assistant Secretary SIGN DOCUMENT HERE	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. **All fields are REQUIRED.**

Name:		Date:
Proposed Entity Name:		
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number:

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.