



Instructions for Filing

Application for an Amended Certificate of Authority for a Foreign Non-Profit Corporation

[Section 7-6-82](#) 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.

All filings are public records under RIGL [38-2-1](#), et seq. This means all information is available to the public by a variety of methods including, without limitations, inspections at our office, telephone inquiries and electronically through our online database.

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

How to complete the form:

1. List the corporation's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#).
2. List the name of the corporation. The entity name can be verified through our [Corporate Database](#).
3. List the date the RI Department of State issued the Certificate of Authority. This date can be verified through our [Corporate Database](#).
4. If the entity's name has changed, state the new name. The new name must match the name on your [Certificate of Good Standing/Letter of Status](#) from the state or country of formation, which must be attached to this form. The [Certificate of Good Standing/Letter of Status](#) must be issued by the state or country of formation and dated within **sixty days** of when you file this form. You may check [name availability](#) on our website. If there is no change to the name, check the box to indicate no change.
- 4a. If the name is unavailable for use in Rhode Island, list an elected name and complete a Fictitious Business Name Statement, [Form 626](#), to be submitted with this application. The Fictitious Business Name Statement has a \$20 filing fee.
5. If the entity's purpose is changing, so state. If there is no change to the purpose, check the box to indicate no change.
6. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.
7. 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 \$25, payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 for further information.

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:

- Go to our [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 "View PDF" to view and print the record

How to maintain your status:

The corporation is responsible for filing an annual report each calendar year, excluding the year of incorporation, 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 filing this report. Failure to file an annual report or maintain a registered agent/office may result in the revocation of the Articles of Incorporation pursuant to RIGL [7-6-86](#).

Your business may require additional licensing. Please visit our [website](#) for further information.

6. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

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

Type or Print Corporate Name of the Non-Profit Corporation

Type or Print Name of the President **OR** Vice President

Date

Signature of President **OR** Vice President

Type or Print Name of the Secretary **OR** Assistant Secretary

Date

Signature of the Secretary **OR** Assistant Secretary

TWO SIGNATURES ARE REQUIRED

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