



## 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.*

#### 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. If the entity is changing its principal place of business, indicate the new address. If there is no change to the entity's principal address, check the box to indicate no change.
7. 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.
8. The President **OR** Vice President **AND** the Secretary **OR** Assistant Secretary **MUST** sign and date the form. **Two signatures are required.**

#### How to pay the filing fee:

The filing fee is 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 the desired type of filing and click on "PDF" under "View PDF" to view and print the record.

#### How to maintain your status:

The entity is responsible for filing an annual report each calendar year, excluding the year of incorporation, between February 1 and May 1. A courtesy reminder will be mailed to the registered agent prior to February 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 will result in revocation proceedings.

Every entity registered with the RI Department of State - Business Services Division will have filing requirements with the [Rhode Island Division of Taxation](#), even if no business is conducted within Rhode Island for a particular year. Your business may require additional licensing. Please visit our [website](#) for further information.



STAMP

FOR  
SECRETARY OF STATE  
USE ONLY



## Application for an Amended Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: \$25.00

Pursuant to the provisions of RIGL 7-6-82, the undersigned foreign non-profit corporation hereby applies for an Amended Certificate of Authority to conduct affairs in the state of Rhode Island, and for that purpose submits the following statement:

- 1. Entity ID Number:
- 2. The name of the corporation is:

3. List the date the Certificate of Authority was issued by the RI Department of State:

4. If the entity's name has changed, state the new name:

Check the box to indicate no change

4a. The name, if different, which it elects to use in Rhode Island is:

\* If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

5. If the entity's purpose is changing complete the following section: *\*The new purpose should include **ALL** activity to be transacted in the State of Rhode Island.*

Check the box to indicate an attachment

Check the box to indicate no change

### MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)



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FOR  
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6. If the entity's principal place of business is changing indicate the new principal address:

Check the box to indicate no change

7. 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 the 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**



## 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: