

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF BUSINESS REGULATION  
SECURITIES DIVISION  
CHARITABLE ORIGINATION SECTION  
1511 PONTIAC AVENUE, JOHN O. PASTORE COMPLEX BLDG 69-1, CRANSTON, RI 02920

**CHARITABLE ORGANIZATIONS APPLICATION**

**FILINGS MUST BE SUBMITTED ON  
CD-ROM. WE NO LONGER ACCEPT PAPER FILINGS**

\_\_\_\_\_ RENEWAL APPLICATION  
\_\_\_\_\_ INITIAL APPLICATION

**INCLUDE COPY OF IRS DETERMINATION LETTER  
FILING FEE \$90.00**

EIN # \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

A charitable organization having annual gross income of more than five hundred thousand dollars (\$500,000) shall file with the Director an audited financial statement prepared by an independent certified public accountant. Organizations having annual gross income less than \$500,000 shall submit a copy of Form 990 or a compiled financial statement for the immediate preceding fiscal year. The applicant does not have to submit a financial statement if a written extension request is submitted to the Division in accordance with 5-53.1-4(i) of the Solicitations by Charitable Organizations Act. Items 18(a) and 19 do not have to be completed if an extension is requested and such information is later submitted with the financial information.

Please also note: Charitable organizations must notify the director within 30 days of any material change in the information provided.

Attach additional sheets if necessary.

A charitable organization is deemed to have met the filing requirements below by submitting a copy or duplicate original of Form 990; provided, however, that such organization responds to items numbered 1 through 5, 14 through 18, and 20 below:

1. Organization's name: \_\_\_\_\_

2. Organization's principal address and phone number(s): \_\_\_\_\_  
\_\_\_\_\_

3. Contact person and mailing address: \_\_\_\_\_  
\_\_\_\_\_

4. Addresses of any office(s) in this state and all other addresses of the organization: \_\_\_\_\_  
\_\_\_\_\_

5. If no RI office, please give name and address of person with custody of financial records: \_\_\_\_\_  
\_\_\_\_\_

6. Name or names under which organization intends to solicit contributions: \_\_\_\_\_

---

---

7. Names and addresses of the officers, directors, trustees, partners, senior level executive employees, as well as those persons responsible for the day to day operations of the organization, and for a Limited Liability Company or Limited Liability Partnership, also give the names of the members, partners and managers: \_\_\_\_\_

---

---

8. Names and addresses of any chapters, branches, affiliates or other organizations that during the immediately preceding fiscal year shared the contributions or other revenue raised in this state. Contributions of another organization, which are merely transferred by or through United Way or federated fund or an incorporated community appeal, which organization is selected by the donor need not be included: \_\_\_\_\_

---

---

9. Date and place of organization: \_\_\_\_\_

---

10. Form of organization: \_\_\_\_\_

11. Tax exempt status under Internal Revenue Code: \_\_\_\_\_

---

12. A general description of all the uses for which contributions to be solicited will be used: \_\_\_\_\_

---

---

13. Date fiscal year ends: \_\_\_\_\_

14. Other states where licensed/registered: \_\_\_\_\_

15. Has any government agency or court enjoined the applicant, its directors, members, trustees or senior level executives from soliciting contributions? Yes \_\_\_ No \_\_\_ If yes, please describe: \_\_\_\_\_

---

16. Has applicant's license or registration been suspended or canceled by any governmental agency.

Yes \_\_\_ No \_\_\_ If yes, please describe: \_\_\_\_\_

---

17. Name and address of any professional fundraisers or fundraising counsel (and please submit a copy of the contract(s) for services): \_\_\_\_\_

---

18. (a) State the percentage of contributions received in the immediately preceding year which was spent for fund raising and administration: \_\_\_\_\_

(b) If the exact percentage of contributions received in the immediately preceding year which was spent for fund raising and administration is unavailable due to accounting preparation, please provide an estimated percentage: \_\_\_\_\_

19. Name of and amount of compensation paid to the five (5) individuals whose annual compensation exceeds the reporting requirements on IRS Form 990: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Has any director, officer, member, trustee, partner, senior level executive or employee of the charitable organization been convicted of a felony, pled nolo contendere to a felony charge, or been held liable in a civil action involving fraud, embezzlement, fraudulent conversion or misappropriation of property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TWO AUTHORIZED OFFICIALS OF THE ORGANIZATION ONE OF WHOM IS A DIRECTOR OR TRUSTEE MUST SIGN THE APPLICATION.**

**I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THIS APPLICATION AND KNOW THAT ALL STATEMENTS THEREIN ARE TRUE.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Print applicant's name)

\_\_\_\_\_  
(Print name of director or trustee)

\_\_\_\_\_  
(Authorized signature of director or trustee)

\_\_\_\_\_  
(Print name of second director or trustee)

\_\_\_\_\_  
(Authorized signature of second director or trustee)