

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Business Regulation
CHARITABLE ORIGINATION SECTION
1511 Pontiac Avenue
John O. Pastore Complex BLDG 69-1
Cranston, RI 02920

APPLICATION FOR FUNDRAISING COUNSEL

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

E-mail Address _____

INITIAL APPLICATION

EIN #: _____

RENEWAL APPLICATION

ANNUAL EXPIRATION: **JUNE 30TH**

ANNUAL FEE: **\$240.00**

CHECKS PAYABLE TO: GENERAL TREASURER STATE OF RI

1. NAME OF ORGANIZATION: _____

2. ADDRESS: _____

3. DATE/PLACE OF ORGANIZATION: _____

4. FORM OF ORGANIZATION: _____

5. SUBMIT COPIES OF ALL CONTRACTS WITH CHARITABLE ORGANIZATIONS.
(Must be submitted within ten (10) days after signing, pursuant to R.I.G.L. 5-53.1-9)

6. ATTACH NAMES AND ADDRESSES OF ALL OFFICERS, AGENTS & EMPLOYEES.

7. CONTACT PERSON AND MAILING ADDRESS: _____

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

(Signature)

(Date)

(Print Name, title and Phone Number)

NOTARY: