

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
SECURTIES DIVISON
CHARITABLE ORGANIZATIONS SECTION
1511 PONTIAC AVENUE
JOHN O. PASTORE CENTER, 69-1
CRANSTON, RI 02920

APPLICATION FOR PROFESSIONAL FUNDRAISER

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

E-mail Address _____

INITIAL APPLICATION

EIN #: _____

RENEWAL APPLICATION

ANNUAL FEE: \$240 CHECKS PAYABLE TO: GENERAL TREASURER STATE OF RI

ANNUAL EXPIRATION: JUNE 30TH

1. NAME OF ORGANIZATION: _____

2. ADDRESS: _____

3. DATE/PLACE OF ORGANIZATION: _____

4. FORM OF ORGANIZATION: _____

5. ATTACH BOND, if required by R.I.G.L. 5-53.1-8.

6. 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)

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

8. 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: