



State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
SECURITIES DIVISION
CHARITABLE ORGANIZATION SECTION
1511 Pontiac Avenue, Bldg. 68-2
Cranston, Rhode Island 02920

**FILINGS MUST BE SUBMITTED ON USB FLASH DRIVE OR CD-ROM.
WE NO LONGER ACCEPT PAPER FILINGS**

CHARITABLE ORGANIZATIONS APPLICATION

FILING FEE \$90.00

_____ RENEWAL APPLICATION

_____ INITIAL APPLICATION

ORGANIZATION'S E-MAIL ADDRESS: _____

FILE NUMBER (if renewal): _____

Please Note the Following Important Information:

A charitable organization with annual gross income of more than five hundred thousand dollars (\$500,000) shall file an audited financial statement prepared by an independent certified public accountant. The organization may also file a copy of IRS Form 990.

A charitable organization with annual gross income of five hundred thousand dollars (\$500,000) or less shall file a copy of IRS Form 990 or a compiled financial statement for the preceding fiscal year.

A charitable organization may be granted an extension (up to six months) on the submission of financial statement(s) if a written request is submitted to the Department.

The Department must be notified within 30 days of any material changes in the information provided. These changes must be mailed to the Department on CD-ROM or USB Flash Drive.

Applicants submitting an IRS Form 990 with the application will not need to complete "Charitable Organization Application Part 2"

You can check the status of your application by logging into [https //licensing ri gov](https://licensing.ri.gov) with your Personal User ID and Password.

If you do not have your Personal User ID and Password, please contact the Division at 401-462-9527.



Charitable Organization Application Part 1

1. Organization's name: _____

2. Name or names under which organization intends to solicit contributions:

3. EIN: _____

4. Principal address and phone number(s):

3. Contact Information (Name, address, e-mail and phone number):

4. If the charitable organization does not maintain an office, provide the name and address of person with custody of financial records:

5. List all other states where the organization is licensed/registered:

6. (a) State the percentage of contributions received in the immediately preceding year that was spent for fund raising and administration: _____

(b) If exact percentage is unavailable, please provide estimate: _____

7. Where applicable, please attach the following documents:

IRS Form 990, Audited Financial Statement, or Compiled Financial Statements

List of the addresses of the Organization and the addresses of any offices in this state.

A list of name(s) and address(es) of all professional fund raisers and fundraising counsel who are acting or have agreed to act in this state on behalf of the organization.

A copy of the contract(s) for the professional fund raiser and fundraising counsel services.



Charitable Organization Application Part 2

If a copy of IRS Form 990 is submitted along with the application, you do not have to complete this section

8. If applicable, provide the Internal Revenue Code for Tax Exempt Status: _____

9. Location where the Organization was established: _____

10. Date when the Organization was established: _____

11. Form of Organization: _____

12. Date Fiscal Year Ends (Month, Day): _____

13. A general description of the uses for which the contributions will be applied.

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

Name	Amount of Compensation

15. Where applicable, please attach the following documents:

A list of all chapters, branches, affiliates and other organizations that shared contributions or other revenue raised in this state. (*Contributions transferred through United Way, federated fund, or an incorporated community appeal need not be included.*)

A list of the names and addresses of the officers, directors, trustees, partners, senior level executive employees, members and managers (if a Limited Liability Company), as well as those persons responsible for the day to day operations of the organization.



Disclosures

16. Has any government agency or court enjoined the applicant, its officers, directors, members, trustees or senior-level executives from soliciting contributions? Yes _____ No _____ If yes, please provide details: _____

17. Has applicant's license or registration been suspended, canceled, or had any other administrative action taken against it by any governmental agency? Yes _____ No _____ If yes, please provide details: _____

18. 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: _____

19. Has any director, officer, member, trustee, partner, senior level executive or employee of the Charitable Organization been found by a final judgment to have engaged in unlawful practices regarding solicitation of contributions or administration of charitable assets? 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)