



State of Rhode Island  
DEPARTMENT OF BUSINESS REGULATION  
Securities Division  
Charitable Organization Section  
1511 Pontiac Avenue, Bldg. 69-2  
Cranston, Rhode Island 02920

**FILINGS MUST BE SUBMITTED ON USB FLASH  
DRIVE OR CD-ROM.**

**WE NO LONGER ACCEPT PAPER FILINGS**  
E-LICENSING IS NOW AVAILABLE. APPLY ONLINE TODAY AT  
[HTTPS://ELICENSING.RI.GOV](https://elicensing.ri.gov)

**CHARITABLE ORGANIZATIONS APPLICATION**

**FILING FEE \$90.00**

\_\_\_ RENEWAL APPLICATION

\_\_\_ INITIAL APPLICATION

**ORGANIZATION'S EMAIL 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.

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 thirty (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://elicensing.ri.gov>. 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):

\_\_\_\_\_  
\_\_\_\_\_

5. Contact Information (Name, Address, email and phone number):

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

8. (a) State the percentage of contributions received in the immediately preceding year that was spend for fundraising and administration: \_\_\_\_\_

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

9. Where applicable, please attach the following documents:

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

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

A list of name(s) and address(es) of all professional fundraisers 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 fundraiser 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\*

10. If applicable, provide the Internal Revenue Code for Tax Exempt Status: \_\_\_\_\_

11. Location where the Organization was established: \_\_\_\_\_

12. Date when the Organization was established: \_\_\_\_\_

13. Form of Organization: \_\_\_\_\_

14. Date Fiscal Year Ends (Month, Day): \_\_\_\_\_

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

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16. 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

17. 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**

18. 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:

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19. Has applicant’s license or registration been suspended, canceled, or had any other administrative action taken against it by any government agency? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide details:

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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: \_\_\_\_\_

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21. 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:

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**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 THERIN ARE TRUE.**

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

\_\_\_\_\_  
**(Print applicant’s name)**

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

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

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

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



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**MANDATORY ADDENDUM TO LICENSE APPLICATION**  
**Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (herein after called “licensee”) to conduct a business or occupation in the State of Rhode Island are required to file all applicable tax returns and pay all taxed owed to the state prior to receiving a license as mandated by State law (RIGL § 5-76-2) except as noted below.

**In order to verify that the State is not owed taxes, licensees are required to provide their Social Security Number or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.**

**PLEASE CHECK ONE BOX ONLY, EVEN IF YOU HAVE NEVER BEEN EMPLOYED IN RHODE ISLAND.**

**Licensee Declaration**

I hereby declare, under penalty of perjury, that:	
I do not have a tax liability in Rhode Island at this time.	
I have filed all required state tax returns and have paid all taxes owed.	
I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.	
I am currently pursuing administrative review of taxes owed to the state.	
I am in federal bankruptcy. (Case # _____ )	
I am in state receivership. (Case # _____ )	
I have been discharged from Bankruptcy. (Case # _____ )	
_____	
Type of Professional/ Business License for which you are applying	
_____	_____
Full Name (Please Print or Type)	Social Security Number (or FEIN for Business)
_____	_____
Signature	Phone Number (including area code if not 401)
_____	_____
Date	Name of Business
<p><b>NOTE: This form must be completed, signed and attached electronically to your application in order for us to begin processing. Please call the Department with any questions.</b></p>	