



State of Rhode Island  
Department of State - Business Services Division

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2023 MAR 27 PM 2:38

**Certificate of Authority**  
FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
FORREST C. & FRANCIS H. LYNNER Foundation, INC.		
1a. The name, if different, which it elects to use in Rhode Island is:		
*If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application.		
2. It is incorporated under the laws of: FLORIDA		
3. The date of its incorporation is: June 29, 2005 June 29, 2005		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is:		
110 MAIN STREET, Suite 302 EAST GREENWICH, RI 02818		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name DAVID W. HOLLENBECK		
Street Address (NOT a P.O. Box)		
110 MAIN ST - SUITE 302		
City/Town	State	Zip Code
East Greenwich	RHODE ISLAND	02818 <del>02818</del>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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A.A. 2:38 PM.

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

The FORREST C. & FRANCIS H. LATTNER Foundation is a Not-for-Profit organization. This Foundation has been in existence since 2005. They make grants to many organizations who have 501(c)3 designation annually and it is a Family Foundation.

Check the box to indicate an attachment

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director		
Director		
Director		
President	<i>[Signature]</i>	Douglas Hollenbeck 29 Timothy Drive, Westley RI 02891
Vice President	<i>[Signature]</i>	Drew Hollenbeck 74 Airport Road unit 108, Westley RI 02891
Treasurer		
Secretary		

Check the box to indicate an attachment

8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of  President OR  Vice President Date  
 Douglas Hollenbeck 3/21/2023

Signature of President OR Vice President

Type or Print Name of  Secretary OR  Assistant Secretary *(Vice President)* Date  
 Drew Hollenbeck 3/21/2023

Signature of Secretary OR Assistant Secretary

# *State of Florida*

## *Department of State*

I certify from the records of this office that FORREST C. AND FRANCES H. LATTNER FOUNDATION, INC. is a corporation organized under the laws of the State of Florida, filed on June 29, 2005.

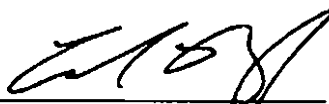
The document number of this corporation is N05000006747.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on January 31, 2023, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Thirty-first day of January,  
2023*



  
Secretary of State

Tracking Number: 4211541975CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

March 27, 2023 02:38 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

