



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division****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:

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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2020 SEP 17 PM 12:40

1. The name of the corporation is:		
<b>Consumer Action Network, Inc.</b>		
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: <b>Missouri</b>		
3. The date of its incorporation is: <b>09/26/2018</b>		
And the period of its duration is: <b>CHECK ONLY ONE BOX</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is:		
<b>124 1/2 East High Street, Jefferson City, MO 65101</b>		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <b>C T Corporation System</b>		
Street Address (NOT a P.O. Box) <b>450 Veterans Memorial Parkway, Suite 7A</b>		
City/Town <b>East Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02914</b>

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040


Website: [www.sos.ri.gov](http://www.sos.ri.gov)**FILED** **SEP 17 2020**

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

**Public benefit corporation organized exclusively to promote social welfare w/in meaning of Section 501(c)(4) of the Internal Revenue Code. Advocate for free market principles and consumer choice, pursuing policies and reforms on the local, state and federal levels that foster consumer choice and allow businesses to best serve consumers.**


Check the box to indicate an attachment ☐

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

OFFICE	NAME	ADDRESS
Director	Eric Schroeck	PO Box 190201, St. Louis, MO 63119
Director	Phil Singer	PO Box 190201, St. Louis, MO 63119
Director	Aaron Rios	PO Box 190201, St. Louis, MO 63119
President	Eric Schroeck	PO Box 190201, St. Louis, MO 63119
Vice President		
Treasurer	Aaron Rios	PO Box 190201, St. Louis, MO 63119
Secretary	Phil Singer	PO Box 190201, St. Louis, MO 63119

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

**Eric Schroeck**

Date

**9/14/2020**

Signature of President OR Vice President



SIGN DOCUMENT HERE

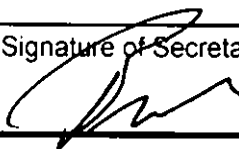
Type of Print Name of ☐ Secretary OR ☒ Assistant Secretary

**Brad Ketcher**

Date

**9/16/2020**

Signature of Secretary OR Assistant Secretary



SIGN DOCUMENT HERE

# STATE OF MISSOURI



John R. Ashcroft  
Secretary of State

## CERTIFICATE OF GOOD STANDING

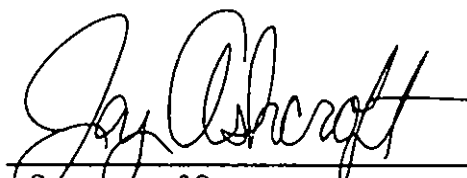
I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

**CONSUMER ACTION NETWORK, INC.**

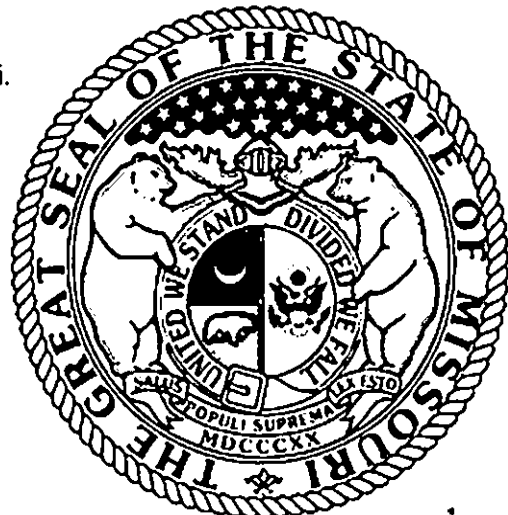
**N000709727**

A Missouri entity was created under the laws of this State on 9/26/2018, and in Good Standing, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and  
cause to be affixed the GREAT SEAL of the State of Missouri.  
Done at the City of Jefferson, the 9th day of September,  
2020.

  
Secretary of State

Certification Number: CERT-IN22406





State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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:

September 17, 2020 12:40 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

