



State of Rhode Island

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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1. The name of the corporation is:		
Toxics Action Center, 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: Massachusetts		
3. The date of its incorporation is: 8/26/1993		
And the period of its duration is: CHECK ONLY ONE BOX		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
4. The address of its principal place of business is: 294 Washington Street, Suite 500, Boston, MA 02108		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Greg Howard		
Street Address (NOT a P.O. Box) 514 Branch Avenue		
City/Town Providence	State RHODE ISLAND	Zip Code 02904

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED ✓
OCT 14 2020
BY CU 6A800
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6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

Solicitation of charitable contributions to raise environmental awareness.

Check the box to indicate an attachment ☐

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

OFFICE	NAME	ADDRESS
Director	Harris Parnell	294 Washington Street, Suite 500, Boston, MA 02108
Director	Jackie Elliott	294 Washington Street, Suite 500, Boston, MA 02108
Director	Johanna Neumann	294 Washington Street, Suite 500, Boston, MA 02108
President	Kristie Pecci	294 Washington Street, Suite 500, Boston, MA 02108
Vice President	Linda Segal	294 Washington Street, Suite 500, Boston, MA 02108
Treasurer	Matt Wilson	294 Washington Street, Suite 500, Boston, MA 02108
Secretary	Cathy Kristofferson	294 Washington Street, Suite 500, Boston, MA 02108

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

Kristie Pecci

Date

9/9/2020

Signature of President OR Vice President

DocuSigned by:
SIGN DOCUMENT HERE
Kristie Pecci
01331637EAA4463

Type or Print Name of ☒ Secretary OR ☐ Assistant Secretary

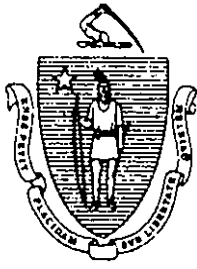
Cathy Kristofferson

Date

9/9/2020

Signature of Secretary OR Assistant Secretary

DocuSigned by:
SIGN DOCUMENT HERE
Cathy Kristofferson
E4409E4D9F344C



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02183

Date: October 02, 2020

To Whom It May Concern :

I hereby certify that according to the records of this office,
TOXICS ACTION CENTER, INC.

is a domestic corporation organized on **August 26, 1993**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 20100070240

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: tad



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:

October 14, 2020 09:16 AM

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

Nellie M. Gorbea
Secretary of State

