



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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BUS SVCS DIV
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1. The name of the corporation is:		
Consumer Credit Counseling Service of San Francisco		
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: California		
3. The date of its incorporation is: 03/31/1969		
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:		
1655 Grant Street, Suite 1300, Concord, CA 94520		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Registered Agents Inc.		
Street Address (NOT a P.O. Box) 47 Wood Ave, Suite 2		
City/Town Barrington	State RHODE ISLAND	Zip Code 02806

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

12:55

FILED

FEB 01 2021

BY *[Signature]* 6C14H

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

Financial education and counseling

Check the box to indicate an attachment ☐

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

OFFICE	NAME	ADDRESS
Director	Thomas Layman	1655 Grant Street, Suite 1300, Concord, CA 94520
Director	James Hoffman	1655 Grant Street, Suite 1300, Concord, CA 94520
Director	Nancy Birenbaum	1655 Grant Street, Suite 1300, Concord, CA 94520
President	Rico C Delgadillo	1655 Grant Street, Suite 1300, Concord, CA 94520
Vice President		
Treasurer	Brad Houle	1655 Grant Street, Suite 1300, Concord, CA 94520
Secretary	Melyssa Barrett	1655 Grant Street, Suite 1300, Concord, CA 94520

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.

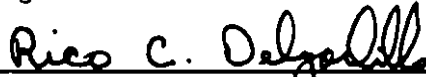
Type or Print Name of ☒ President OR ☐ Vice President

Rico C Delgadillo

Date

01/05/2021

Signature of President OR Vice President



SIGN DOCUMENT HERE

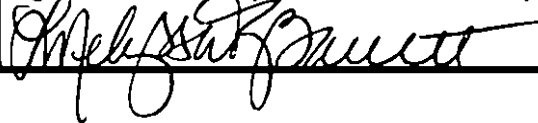
Type of Print Name of ☒ Secretary OR ☐ Assistant Secretary

Melyssa Barrett

Date

01/05/2021

Signature of Secretary OR Assistant Secretary



SIGN DOCUMENT HERE

7. Names and respective addresses of its directors and officers continued

Director	JoAnn W. Dunaway	1655 Grant Street, Suite 1300, Concord, CA 94520
Director	Michael A. Covert	1655 Grant Street, Suite 1300, Concord, CA 94520
Director	Tristram S. Coffin	1655 Grant Street, Suite 1300, Concord, CA 94520
Director	Darren E. Albert	1655 Grant Street, Suite 1300, Concord, CA 94520
Director	Ruben F. Sanchez	1655 Grant Street, Suite 1300, Concord, CA 94520



Secretary of State Certificate of Status

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: CONSUMER CREDIT COUNSELING SERVICE OF SAN FRANCISCO
File Number: C0566120
Registration Date: 03/31/1969
Entity Type: DOMESTIC NONPROFIT CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of January 3, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 4, 2021

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State

Certificate Verification Number: ZB4D5PY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at webbizfile.sos.ca.gov/certification/index.



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:

February 01, 2021 12:55 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

