



State of Rhode Island  
**Department of State - Business Services Division**

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**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:  |                     |          |
| Community Training and Assistance Center, Incorporated  |                     |          |
| 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:  |                     |          |
| 10/11/1979  |                     |          |
| 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:   |                     |          |
| 30 Winter Street, 7th Floor, Boston, MA 02108   |                     |          |
| 5. The name and address of the initial registered agent/office in Rhode Island is:  |                     |          |
| Agent Name  |                     |          |
| Registered Agents, Inc.   |                     |          |
| Street Address ( <u>NOT</u> a P.O. Box)   |                     |          |
| 47 Wood Avenue, Suite 2   |                     |          |
| City/Town   | State               | Zip Code |
| Barrington  | <b>RHODE ISLAND</b> | 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

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6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:  
 Provide educational technical assistance, and research and evaluation services.

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      |      |         |
| Vice President |      |         |
| Treasurer      |      |         |
| Secretary      |      |         |

Check the box to indicate an attachment

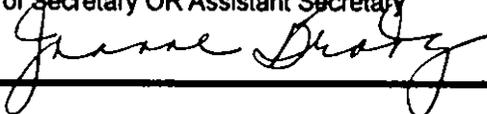
8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

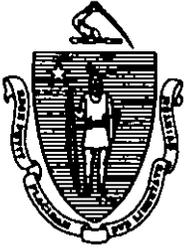
*Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of  President OR  Vice President Date  
 Mónica Byrne-Jiménez 03/10/2021

Signature of President OR Vice President  


Type or Print Name of  Secretary OR  Assistant Secretary Date  
 Joanne Brady 3/8/2021

Signature of Secretary OR Assistant Secretary  




William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: February 22, 2021

To Whom It May Concern :

I hereby certify that according to the records of this office,

**COMMUNITY TRAINING AND ASSISTANCE CENTER,  
INCORPORATED**

is a domestic corporation organized on **October 11, 1979**

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: 21020566260

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

Processed by: mso



Dr. Mónica Byrne-Jiménez – President  
904 Michigan Avenue  
East Lansing, MI 48823

Dr. Harouna Ba – Director  
11 Winter Avenue  
Staten Island, NY 10301

Joanne P. Brady – Secretary  
29 Marrett Street  
Lexington, MA 02421

Dr. Cindy Char – Director  
147 Connor Road  
Montpelier, VT 05602

Dr. Paula Cordeiro – Director  
University of San Diego  
5998 Alcalá Park  
San Diego, CA 92110-2492

Susan Faircloth – Director  
1218 Grovewood Ct.  
Fort Collins, CO 80525

Michelle Feist – Director  
2300 South Road  
Baltimore, MD 21209

James A. Kadamus – Director  
1 Dennis Court  
Westerly, RI 02891

Dr. Gerald Kohn – Vice President  
77 Grozier Road  
Cambridge, MA 02138

Dr. Ajay Nair – Director  
Arcadia University  
450 S. Easton Road  
Glenside, PA 19038

Alfred Ramirez – Director  
428 16<sup>th</sup> Avenue  
Rock Island, IL 61201

Helen Randolph – Treasurer  
26 Tanglewood Park Drive  
Haverhill, MA 01830

William Slotnik – Director  
20 Still Street  
Brookline, MA 02446



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:

March 18, 2021 11:09 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

