



State of Rhode Island

Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUN 10 AM 9:40

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:		
Institute (The)		
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.		
The JFA Institute Corporation		
2. It is incorporated under the laws of: Washington, DC		
3. The date of its incorporation is: 7/14/2003		
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: 720 Kearney St. Denver, CO 80220		
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 Avenue 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

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FORM 250 - Revised: 08/2020

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

Provide population projections for the Rhode Island Department of Corrections

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	Wendy Ware	720 Kearney St. Denver, CO 80220
Vice President		
Treasurer	Janice Davis	420 Primrose Rd. NW Washington, DC 20012
Secretary	James Wilson	231 Baltic St. Brooklyn, NY 11201

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

Wendy Ware

6/2/2021

Signature of President OR Vice President



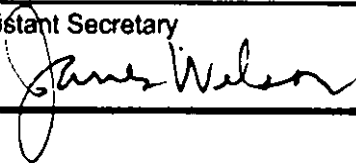
Type or Print Name of ☒ Secretary OR ☐ Assistant Secretary

Date

James Wilson

6/2/2021

Signature of Secretary OR Assistant Secretary



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this **CERTIFICATE OF GOOD STANDING** is hereby issued to

INSTITUTE (THE)

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 07/14/2003 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 6/2/2021 10:56 AM

Business and Professional Licensing Administration



Josef G. Gasimov

JOSEF G. GASIMOV
Superintendent of Corporations,
Corporations Division

Muriel Bowser
Mayor

Tracking #: OIMCEPEi



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:

June 10, 2021 09:40 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

