



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
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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:		
Institute for Nonprofit Practice 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:		
7/24/2014		
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:		
89 South Street, Suite LL02, Boston, MA 02111		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name		
Northwest Registered Agent, LLC.		
Street Address (NOT a P.O. Box)		
47 Wood Avenue, Suite 200		
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:  
 Institute for Nonprofit Practice Inc. was organized for the purpose of transforming communities by equipping the most promising nonprofit leaders with the skills, confidence, and resources they need to make their organizations effective, innovative, and sustainable.

Check the box to indicate an attachment

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

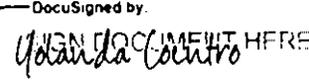
OFFICE	NAME	ADDRESS
Director		
Director		
Director		
President	Yolanda Coentro	89 South Street, Suite LL02, Boston, MA 02111
Vice President	Megan Bird	89 South Street, Suite LL02, Boston, MA 02111
Treasurer	David Shapiro	89 South Street, Suite LL02, Boston, MA 02111
Secretary	Megan Bird	89 South Street, Suite LL02, Boston, MA 02111

Check the box to indicate an attachment

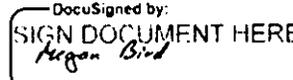
8 This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

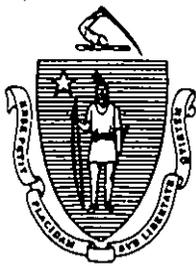
*Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of <input checked="" type="checkbox"/> President OR <input type="checkbox"/> Vice President Yolanda Coentro	Date 6/14/2021
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Signature of President OR Vice President 
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Type of Print Name of <input checked="" type="checkbox"/> Secretary OR <input type="checkbox"/> Assistant Secretary Megan Bird	Date 6/14/2021
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Signature of Secretary OR Assistant Secretary 
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*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

Date: April 26, 2021

To Whom It May Concern :

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

**INSTITUTE FOR NONPROFIT PRACTICE INC.**

is a domestic corporation organized on **July 24, 2014**

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: 21040581850

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

Processed by: smc



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 22, 2021 02:42 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*

