



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 001720256

2. Name of Corporation Student Clinic for Immigrant Justice, Inc.

3. State of Incorporation

State: MA

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

928120

4. Principal Office Address

No. and Street: 217 HANOVER STREET

#320

City or Town: BOSTON

State: MA Zip: 02113-9998 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

CHARITABLE AND EDUCATIONAL ACTIVITIES

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	JONATHAN GOLDMAN	217 HANOVER ST. SUITE 320 BOSTON, MA 02113 USA
VICE PRESIDENT	JONATHAN WHITE	217 HANOVER STREET, SUITE 320 BOSTON, MA 02113 USA
CLERK & TREASURER	SHAWN HAUSERMAN	217 HANOVER ST. SUITE 320 BOSTON, MA 02113 USA
DIRECTOR	IVY TENG LEI	217 HANOVER ST. SUITE 320 BOSTON, MA 02113 USA
DIRECTOR	GABRIELA DOMENZAIN	217 HANOVER ST. SUITE 320 BOSTON, MA 02113 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SETH STULEN CENTER FOR HUMAN RIGHTS AND HUMANITARIAN STUDIES 111 THAYER STREET, BOX 1970 PROVIDENCE , RI 02912-1970

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 27 Day of March, 2023 at 4:58:14 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JONATHAN GOLDMAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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