



State of Rhode Island  
Department of State - Business Services Division

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2023 MAY -8 AM 10:25

**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:

**Children's Literacy Initiative**

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:

**Pennsylvania**

3. The date of its incorporation is:

**06/21/1988**

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:

**990 Spring Garden Street, Suite 400, Philadelphia, PA 19123**

5. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name **InCorp Services, Inc.**

Street Address (NOT a P.O. Box) **222 Jefferson Blvd., Suite 200**

City/Town **Warwick**

State **RHODE ISLAND**

Zip Code **02888**

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY Lhs online filing

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

Professional development in Literacy for Teachers in K to 5th Grade

Check the box to indicate an attachment ☐

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

OFFICE	NAME	ADDRESS
Director	Sandra LaFleur	300 N.E. 2nd Avenue, Miami, FL 33132
Director		
Director		
President	Reina Prowler	990 Spring Garden, Philadelphia, PA 19123
Vice President	Erica Holmes-Ware	990 Spring Garden, Philadelphia, PA 19123
Treasurer	Naimah Bilal	990 Spring Garden, Philadelphia, PA 19123
Secretary	Christopher Kretschman	990 Spring Garden, Philadelphia, PA 19123

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

Reina Prowler

05/08/2023

Signature of President OR Vice President



Type or Print Name of ☒ Secretary OR ☐ Assistant Secretary

Date

Christopher Kretschman

05/08/2023

Signature of Secretary OR Assistant Secretary



**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](https://dos.pa.gov/BusinessCharities)

**Regarding:** CHILDREN'S LITERACY INITIATIVE  
**Request Type:** Subsistence Certificate **Issuance Date:** March 03, 2023  
**Request No.:** 010818219 **File No.:** 0001041276  
**Receipt No.:** 000402664  
**Filing Type:** Domestic Nonprofit Corporation  
**Filing Subtype:** Nonprofit Corporation  
**Initial Filing Date:** June 21, 1988  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

CHILDREN'S LITERACY INITIATIVE

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal  
of my office to be affixed, the day and year  
above written

**Albert Schmidt**  
Acting Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](https://www.file.dos.pa.gov)



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, 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:

May 08, 2023 10:25 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

