



State of Rhode Island

## Department of State - Business Services Division

## Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

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BUS SVCS DIV  
2023 MAY 22 PM 2:28

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:		
Prison Policy Initiative, 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: 9/7/2005		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is: 69 Garfield Ave Floor 1, Easthampton MA 01027		
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 Ave 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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MAY 22 2023  
BY H2B6 ✓

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:  
To engage in research and advocacy on incarceration policy including the effects of prisons on the larger society

Check the box to indicate an attachment ☐

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

OFFICE	NAME	ADDRESS
Director	Andrew Adams	69 Garfield Ave Floor 1, Easthampton MA 01027
Director	Peter Wagner	69 Garfield Ave Floor 1, Easthampton MA 01027
Director	Carrie Ann Shiota	69 Garfield Ave Floor 1, Easthampton MA 01027
President	Laurie Jo Reynolds	69 Garfield Ave Floor 1, Easthampton MA 01027
Vice President		
Treasurer	Paul Watterson	69 Garfield Ave Floor 1, Easthampton MA 01027
Secretary	Lucius Couloute	69 Garfield Ave Floor 1, Easthampton MA 01027

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  
Laurie Jo Reynolds

Date  
5/16/2023

Signature of President OR Vice President

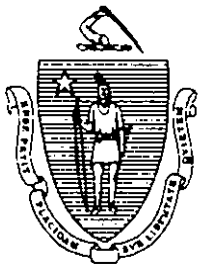


Type of Print Name of ☒ Secretary OR ☐ Assistant Secretary  
Lucius Couloute

Date  
5/16/2023

Signature of Secretary OR Assistant Secretary

*Lucius Couloute*



William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: May 12, 2023

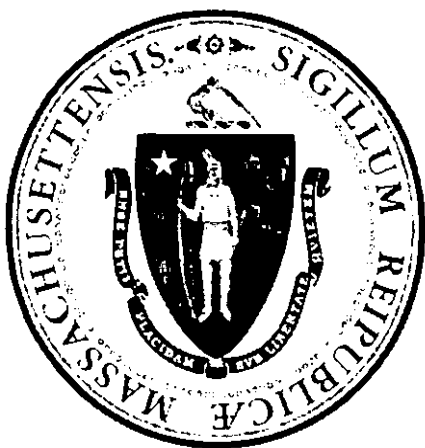
To Whom It May Concern :

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

**PRISON POLICY INITIATIVE, INC.**

is a domestic corporation organized on **September 07, 2005**

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: 23050147680

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

Processed by: ssc



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 22, 2023 02:28 PM

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*

