RI SOS Filing Number: 202448552620 Date: 3/14/2024 1:02:00 PM



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## **Certificate of Authority**

**FOREIGN Non-Profit Corporation** 

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-6-74</u>, 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:

purpose submits the following statement:			
The name of the corporation is:			
American College of Rheumatology			
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.			
It is incorporated under the laws of:      Illinois			
3. The date of its incorporation is: 06/27/1985			
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:			
2200 Lake Blvd NE, Atlanta, GA 30319			
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 Warrington	State RHODE ISLAND	Zip Code 02806	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 029

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1.4 2024 F

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:				
Provide professional education for members through conferences, and publication of journal articles, and provide grants				
for research projects.				
Check the box to indicate an attachment				
The state of the s				
NAME	ADDRESS			
Deborah Dyett Desir	2200 Lake Blvd NE, Atlanta, GA 30319			
Carol Langford	2200 Lake Blvd NE, Atlanta, GA 30319			
Will Harvey	2200 Lake Blvd NE, Atlanta, GA 30319			
Steve C Echard	2200 Lake Blvd NE, Atlanta, GA 30319			
Colleen Merkel	2200 Lake Blvd NE, Atlanta, GA 30319			
Mona Dodia	2200 Lake Blvd NE, Atlanta, GA 30319			
Patrinia Clark	2200 Lake Blvd NE, Atlanta, 0	GA 30319		
Check the box to indicate an attachment				
8. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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		
Steven Echard		March 11, 2024		
Signature of President OR Vice President  At-Call				
Type of Print Name of ☑ Secretary OR ☐ Assistant Secretary		Date		
Patrinia Clark		03/13/24		
Signature of Secretary OR Assistant Secretary  Patrinia Clark				
	and respective addresses of its directors and of NAME  Deborah Dyett Desir  Carol Langford  Will Harvey  Steve C Echard  Colleen Merkel  Mona Dodia  Patrinia Clark  tion must be accompanied by a Certificate of God within 60 days of the date of this filling.  of perjury, we declare and affirm that we have everying attachments, and that all statements continued in Echard  resident OR Vice President  Lame of State Secretary OR Assistant Secretaria Clark	Check the box and respective addresses of its directors and officers are:  NAME  Deborah Dyett Desir  Carol Langford  Will Harvey  Steve C Echard  Colleen Merkel  Patrinia Clark  Patrinia Clark  Check the box and respective addresses of its directors and officers are:  2200 Lake Blvd NE, Atlanta, College Blvd NE, Atlanta, College Blvd NE, Atlanta, College Blvd NE, Atlanta, College Merkel  2200 Lake Blvd NE, Atlanta, College Blvd N		

## File Number

5389-905-6



## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AMERICAN COLLEGE OF RHEUMATOLOGY, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 27, 1985, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of MARCH A.D. 2024 .

Authentication #: 2406702528 verifiable until 03/07/2025

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

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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:

March 14, 2024 01:02 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

