



**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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001726000

2. Name of Corporation Institute for Nonprofit Practice Inc.

3. State of Incorporation

State: MA

NAICS CODE

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
813219

4. Principal Office Address

No. and Street: 89 SOUTH STREET, SUITE LL02

City or Town: BOSTON

State: MA Zip: 02111 Country: USA

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

TRANSFORMING COMMUNITIES BY EQUIPPING THE MOST PROMISING
NONPROFIT LEADERS WITH SKILLS, CONFIDENCE AND RESOURCES THEY NEED

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	YOLANDA COENTRO	89 SOUTH STREET, SUITE LL02 BOSTON, MA 02111 USA
PRESIDENT	PAT KIRBY	89 SOUTH STREET, SUITE LL02 BOSTON, MA 02111 USA
TREASURER	DAVID SHAPIRO	89 SOUTH STREET, SUITE LL02 BOSTON, MA 02111 USA
DIRECTOR	YOLANDA COENTRO	89 S ST, SUITE LL02 BOSTON, MA 02111 USA
DIRECTOR	DAVID SHAPIRO	89 S ST, SUITE LL02 BOSTON, MA 02111 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**

NORTHWEST REGISTERED AGENT, LLC 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

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

Signed this 19 Day of March, 2024 at 12:16:29 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 DAVID SHAPIRO
Signature of Authorized Person

Form No. 631
Revised 09/07

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