



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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 R.I. DEPT. OF STATE
 BUS SVCS. DIV.

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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:		
Chapin Hall Center for Children		
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: Illinois		
3. The date of its incorporation is: 2/15/1865		
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: 200 W. Madison Street, c/o Impact House, Chicago, IL 60606		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Ste 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

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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BY WAMETH 5/11/25

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

Research institute for policies and procedures for children and families.

Check the box to indicate an attachment ☐

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

OFFICE	NAME	ADDRESS
Director	David Bley	200 W. Madison Street, c/o Impact House, Chicago, Illinois 60606
Director	Lisa Morrison Butler	200 W. Madison Street, c/o Impact House, Chicago, Illinois 60606
Director	Prudence Beidler Carr	200 W. Madison Street, c/o Impact House, Chicago, Illinois 60606
President	Bryan Samuels	200 W. Madison Street, c/o Impact House, Chicago, Illinois 60606
Vice President		
Treasurer	Joanne Pearlman	200 W. Madison Street, c/o Impact House, Chicago, Illinois 60606
Secretary	Jennifer Arnold	200 W. Madison Street, c/o Impact House, Chicago, Illinois 60606

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

Bryan Samuels

Date

06/04/2025

Signature of President OR Vice President

Type or Print Name of ☒ Secretary OR ☐ Assistant Secretary

Jennifer Arnold

Date

06/04/2025

Signature of Secretary OR Assistant Secretary

TWO SIGNATURES ARE REQUIRED

CHAPIN HALL CENTER FOR CHILDREN
200 W. Madison Street, c/o Impact House, Chicago, Illinois 60606
Telephone: 773-256-5100

BOARD OF DIRECTORS cont'd

Thomas Elden
Martin Rodgers
George Spencer

File Number

0196-554-9



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

CHAPIN HALL CENTER FOR CHILDREN, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1865, 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 21ST
day of MAY A.D. 2025 .

Authentication #: 2514102128 verifiable until 05/21/2026

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

Alexi Giannoulis
SECRETARY OF STATE



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:

June 09, 2025 11:50 AM

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

Gregg M. Amore
Secretary of State

