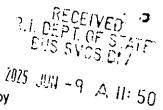


State of Rhode Island Department of State - Business Services Division

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:

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.				
And the period of its duration is: CHECK ONLY ONE BOX				
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				
ate RHODE ISLAND	Zip Code 02914			
	forth below the fictitious na stated in the "Fictitious Bu" - 60606 Rhode Island is: Parkway, Ste 7A			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 9 2025 11:50 BY WAMEH 577 117

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6. The purpo	se or purposes which it proposes to pursue	in the conducting its affairs in Rh	node Island:	
Research institute for policies and procedures for children and families.				
:				
7 The same	es and respective addresses of its directors a		box to indicate an attachment	
OFFICE	NAME	ADDRESS		
OFFICE	-			
Director	David Bley	200 W. Madison Street, c/o I	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	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	e 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	
Bryan Samuels			06/04/2025	
Signature of	President OR Vice President			
Type of Print Name of Secretary OR Assistant Secretary			Date	
Jennifer Arnold			06/04/2025	
Signature of	Secretary OR Assistant Secretary	 -		
Junger Arabel -				

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



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

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