



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Certificate of Authority**  
 FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

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:

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 SECRETARY OF STATE  
 CORPORATION DIV  
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1. The name of the corporation is:		
<b>FIREBORN INSTITUTE, INC.</b>		
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: <b>Connecticut</b>		
3. The date of its incorporation is: <b>December 2, 2014</b>		
And the period of its duration is <b>CHECK ONLY ONE BOX</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is: <b>75 Orchard Avenue, Apt. 4, Providence, RI 02906</b>		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <b>James O. Reavis</b>		
Street Address (NOT a P.O. Box) <b>245 Waterman Street, Suite 109</b>		
City/Town	State	Zip Code
<b>Providence</b>	<b>RHODE ISLAND</b>	<b>02906</b>

**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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6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:  
**To provide parents and caregivers with strategies to improve the academic lives of children.**

Check the box to indicate an attachment

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


OFFICE	NAME	ADDRESS
Director	Katherine Firestone	74 Orchard Avenue, Apt. 4, Providence, RI 02906
Director	Joseph Perry	1 Academy Lane, Hingham, MA 02043
Director	Frank Osborn	64 Hemlock Hill Road, New Canaan, CT 06840
President	Katherine Firestone	74 Orchard Avenue, Apt. 4, Providence, RI 02906
Vice President		
Treasurer	Joseph Perry	1 Academy Lane, Hingham, MA 02043
Secretary	Katherine Firestone	74 Orchard Avenue, Apt. 4, Providence, RI 02906

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 Date  
**Katherine Firestone** 2/11/19

Signature of President OR Vice President  


Type of Print Name of  Secretary OR  Assistant Secretary Date  
**Katherine Firestone** 2/11/19

Signature of Secretary OR Assistant Secretary  


**Continuation of Section 7 to Certificate of Authority of Fireborn Institute, Inc.**

<b>Office</b>	<b>Name</b>	<b>Address</b>
Director	Andrea Alvarez	7 Aspen Ledges Road, Ridgefield, CT 06877
Director	Dan Scott	74 Journey's End Road, Greenwich, CT 06831

Secretary of The State of Connecticut

I, the Secretary of The State of Connecticut, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that the certificate of incorporation of

FIREBORN INSTITUTE, INC.

a domestic NONSTOCK corporation, was filed in this office on December 02, 2014, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



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Secretary of The State of Connecticut

Date Issued: January 16, 2019



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, 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:

February 12, 2019 10:59 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

