



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 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:		
The Trevor Project, Inc.		
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: California		
3. The date of its incorporation is: 03/25/1998		
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: 8581 Santa Monica Blvd #162, West Hollywood, CA 90069		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888

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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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AUG 22 2022
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6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:
 The primary charitable purpose of this corporation is to end suicide among LGBTQ young people. Its vision is to always be the world's largest and best-in-class provider of suicide prevention and crisis intervention services for LGBTQ youth, and serve as a leading voice in education , advocacy and research related to LGBTQ youth and mental health

Check the box to indicate an attachment

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

OFFICE	NAME	ADDRESS
Director	Gina Munoz	8581 Santa Monica Blvd #162, West Hollywood, CA 90069
Director	Amy E Taylor	8581 Santa Monica Blvd #162, West Hollywood, CA 90069
Director	Julian J Moore	8581 Santa Monica Blvd #162, West Hollywood, CA 90069
President	Amit Paley	8581 Santa Monica Blvd #162, West Hollywood, CA 90069
Vice President		
Treasurer	Mike Dillon	8581 Santa Monica Blvd #162, West Hollywood, CA 90069
Secretary	Thomas Sanchez	8581 Santa Monica Blvd #162, West Hollywood, CA 90069

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 <input checked="" type="checkbox"/> President OR <input type="checkbox"/> Vice President Amit Paley	Date 08 / 12 / 2022
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Signature of President OR Vice President
Amit Paley

Type of Print Name of <input checked="" type="checkbox"/> Secretary OR <input type="checkbox"/> Assistant Secretary Thomas Sanchez	Date 08 / 12 / 2022
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Signature of Secretary OR Assistant Secretary
Thomas Sanchez



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: THE TREVOR PROJECT, INC.
Entity No.: 2083529
Registration Date: 03/25/1998
Entity Type: Nonprofit Corporation - CA - Public Benefit
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 06, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 027533627

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



State of Rhode Island
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,
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:

August 22, 2022 12:23 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

