



State of Rhode Island Judiciary

Supreme Court

Application for Nonprofit Entity License Article II, Rule 11

Please use additional sheets if necessary.

I. General Information

Authorized Representative	
Legal Name of Nonprofit Entity	
Principal Address	
Local Address (if different)*	
Telephone	
Facsimile	
Entity Contact Person	
Email	
Entity State of Incorporation	
Total Number of Practicing Attorneys	

* If the entity maintains additional offices, please provide these addresses.

II. Executive Directors and Officers

Name	Business Address Including Email	Date and State of Bar Admission

III. Attorneys Who Will Practice Law in Rhode Island

Name	Business Address Including Email	Rhode Island Bar Number	Relationship
			<input type="checkbox"/> Partner <input type="checkbox"/> Associate <input type="checkbox"/> Other*
			<input type="checkbox"/> Partner <input type="checkbox"/> Associate <input type="checkbox"/> Other*
			<input type="checkbox"/> Partner <input type="checkbox"/> Associate <input type="checkbox"/> Other*

* If "other" please describe the relationship between the local attorney and the entity.

IV. Documentation.

Please check below to indicate that the required copies are attached.

- ☐ Articles of Incorporation (Domestic Nonprofits) or Certificate of Authority (Foreign Nonprofits) filed with the Rhode Island Secretary of State
- ☐ Current Insurance Certificate. (A current insurance certificate must always be on file with the Court.)

V. Other Practice of Law.

Does any individual associated with this entity practice law on behalf of another entity?
☐ Yes ☐ No

If Yes, please identify the attorney, the other entity, and indicate if prior written approval of the Supreme Court was obtained. Art. II, Rule 10(h).

VI. Names and Subsidiaries.

1. Is the entity registered in this or any other jurisdiction to practice law under a different name than that listed in part I of this application? ☐ Yes ☐ No

If Yes, please list and attach detailed information about any additional name(s) under which the entity is registered to transact business, including any and all fictitious business names.

2. Please attach a list of all subsidiaries or parent companies affiliated with the entity applicant noting whether each is a subsidiary or parent of the applicant entity.

VII. Fitness Review

1. Is each attorney in the entity in good standing in this state or, if licensed to practice elsewhere, in every state or jurisdiction in which the attorney is licensed? ☐ Yes ☐ No

If No, please explain.

2. Have the attorneys employed by or associated with the entity or related entities ever been disbarred, suspended, reprimanded, censured or otherwise disciplined? ☐ Yes ☐ No

If Yes, please provide detailed information about each instance giving rise to the disciplinary action and how each was resolved.

3. Does the entity practice law in any other jurisdiction? ☐ Yes ☐ No

If Yes, please attach proof that the entity is properly registered and/or licensed (if required) to conduct business in each jurisdiction where its attorneys practice law on behalf of the entity.

4. Have any charges or complaints, formal or informal, been made or filed against the entity or related entities with a consumer protection agency relating to the operations in this or in any other jurisdiction? ☐ Yes ☐ No

If Yes, please attach detailed information about the charges and/or complaints and how each was resolved.

5. Has the entity or related entities ever been the subject of any litigation relating to the practice of law in this or in any other jurisdiction? ☐ Yes ☐ No

If so, please attach detailed information about the litigation and the status.

6. Has the authority of the entity or related entities to conduct business in this or any other jurisdiction ever been revoked or suspended? ☐ Yes ☐ No

If so, please attach detailed information about the revocation or suspension and the status.

7. Has the entity or related entities ever applied for and been refused the authority to practice law in this or any other jurisdiction? ☐ Yes ☐ No

If Yes, please attach detailed information about denial of the application.

8. Does the entity provide legal assistance to the indigent or a defined and limited class of clients? ☐ Yes ☐ No

If Yes, please describe the clients served.

I certify that the information contained in this form is true and correct as of this date.

Applicant or Authorized Representative Name

Date

Title