

# **State of Rhode Island Judiciary**

### **Supreme Court**

## Nonprofit Entity Notice of Operations Article II, Rule 11

Please use additional sheets if necessary.

#### I. General Information

Legal Name of Nonprofit Entity	
Principal Address	
<b>Local Address</b>	
(If different)	
Authorized	
Representative	
<b>Contact Person</b>	
(If different)	
Telephone	
Email	
2	
State of	
Incorporation	
Total Number of	
Practicing	
Attorneys	

#### **II. Executive Directors and Officers**

Name	Mailing Address and Email	Bar Admission(s) (If applicable)

III. Attorn	eys who will Practio	ce Law in Rhode Island		
	Name	Mailing Address and Email	Rhode Island Bar Number	
IV. Operat	ions			
Is the nonprofit entity authorized to do business in Rhode Island for the purpose of providing legal assistance to the indigent and/or to a defined and limited class of clients?				
□ Yes	□ No			
Is the nonprofit entity registered with the Rhode Island Secretary of State to practice law in Rhode Island?				
☐ Yes	□ No			
Is the nonprofit entity in good standing with the Rhode Island Secretary of State?				
☐ Yes	□ No			
Does the	e nonprofit entity ma	intain professional liability insura	ance?	
□ Yes	□ No			

Does the nonprofit entity accept funds from its clients?
□ Yes □ No
Does the nonprofit entity practice law in any other jurisdictions?
□ Yes □ No
If yes, what jurisdictions?
Please provide a description of the legal services offered.
Please provide a description of the class of clients served and the criteria used to determine potential clients' eligibility for legal services.
Please identify major sources of funding.
If applicable, please describe any nonlegal services offered.

## V. Documents

Please attach the following:
☐ Articles of Incorporation (Domestic Nonprofits) or Certificate of Authority (Foreign Nonprofits) filed with the Rhode Island Secretary of State.
☐ Current Insurance Certificate.
I certify that the information contained in this form is true and correct.
Name (print)
Title
Signature
Date