



**Physical/Overnight address:**

801 Capitol Way S  
Olympia, WA 98501-1226

**Mailing address:**

PO Box 40234  
Olympia, WA 98504-0234  
Tel: 360.725.0377  
sos.wa.gov/corps

## **INSTRUCTIONS: FOREIGN NONPROFIT & NONPROFIT PROFESSIONAL SERVICE CORPORATION REGISTRATION STATEMENT RCW 23.95 & RCW 24.03A**

**General Instructions:** Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

**Mail:** Send the completed form and payment to the address listed above.

**Payment:** Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

**Fees:** The filing fee is \$30 for a Nonprofit and Nonprofit Professional Service Corporation.

**Expedited Service:** If expedited service is requested, an *additional* \$50 must be added to the filing fee. Check the box indicating expedited service on page one.

**ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.**

**Required:** A Certificate of Existence/Good Standing or document of similar import from the home jurisdiction issued no more than 60 days before the date of submission must be attached to this filing. Failure to do so will result in the Foreign Registration Statement being returned for correction. Contact your Secretary of State or your keeper of corporate records for instructions on obtaining this document.

**(1) Gross Revenue:** Select "Yes" if the Nonprofit Corporation's gross revenue met or exceeded \$500,000 in the most recent fiscal year. Select "No" if the Nonprofit Corporation's gross revenue was less than \$500,000 in the most recent fiscal year. The gross revenue will dictate the filing fees that are due.

**(2) Regualification:** If this business has previously registered with our office, indicate so by checking "Yes" and provide the UBI number and the previous registration expiration date. Under section (13), "Date Began Doing Business in Washington," enter the last registration expiration date. **Back fees may apply. Contact our office for details and fee calculation.** See instructions for sections (16), (17), and (18) which are required during a requalification.

**(3) Unified Business Identifier (UBI):** If the business has previously filed with another state agency such as the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department, the business may already have a 9-digit UBI number that can be entered. Do not enter the UBI number of a Sole Proprietorship or General Partnership. If the business does not have a UBI number, select "No" and continue with the filing. If "No" is selected, the business will be issued a UBI number upon successful completion of the filing.

**(4) Business Name:** Provide the name for review. If a name has been reserved and a Name Reservation Number has been provided, enter the Number and Name in the appropriate section. If a Name Reservation has not been provided select "No".

Enter the name as it appears on the Certificate of Existence/Good Standing from the home jurisdiction. In accordance with [RCW 23.95.305](http://www.sos.wa.gov/rcw), a Nonprofit Corporation **must not include or end with** any of the following designations or abbreviations of:

incorporated, company, cooperative, partnership, limited, limited partnership, or limited liability partnership, but may use club, league, association, services, committee, fund, society, foundation, guild, a nonprofit corporation, a nonprofit mutual corporation, or any name of like import. A Nonprofit Corporation name **must** be distinguishable upon the records of the Secretary of State from any other business already registered with the Secretary of State's office.

The name of a Washington Nonprofit Professional Service Corporation **must contain the words** "Nonprofit Professional Service(s), "Nonprofit Professional Corporation" or the abbreviation "NP PS" or "NP PC". The abbreviations can have periods between them.

If the Professional Service Corporation is organized to render dental services, the name must contain the full names or surnames of all directors and/or incorporators and no other word than Chartered or the words Nonprofit Professional Services or the abbreviation "NP PS" or "NP PC". The abbreviations can have periods between them.

**(5) Doing Business As (DBA) Name:** If the name of the business is not available in Washington or the designation does not meet statutory requirements, choose an alternate name (DBA) to use in Washington. Refer to [RCW 23.95.525](#) for more information.

**(6) Registered Agent:** All businesses must have a Registered Agent in Washington State per [RCW 23.95.415](#). Select only **one** type of agent. The Consent of the Registered Agent **must** be signed, regardless of the type of Registered Agent. Print the name and title of the person signing and provide the date of signature.

- **Commercial Registered Agent** is a business or individual registered with the Office of the Secretary of State, whose nature of business it is to receive legal documents, notices, or demands required or permitted by law to be served on behalf of the business. A Commercial Registered Agent has a verified address on record with the Office of the Secretary of State.
  - Select "Yes" or "No."
    - If "Yes," provide the name of the Commercial Registered Agent. An address is not required.
    - If "No," continue to Noncommercial Registered Agent.
- **Noncommercial Registered Agent** is a business or individual who agrees to receive legal documents, notices, or demands required or permitted by law to be served on behalf of the business.
  - Make **one** selection: Individual, Business, or Office/Position, and fill out accordingly.
    - Individual: Write the individual's first and last name.
    - Business: Write the business's full name.
    - Office/Position: Write the office or position such as President, Secretary, Treasurer, or Member.
  - Provide the required **physical** street address of the Noncommercial Registered Agent. You may also provide the mailing address if needed. Addresses **must** be in Washington State.
  - Provide a contact phone number and email address. This information will be used if there are any questions regarding the submission.

**(7) Jurisdiction:** Enter the home state or country under whose law the organic documents are filed.

**(8) Principal Office:** Enter the principal office address. This is the place where the business's records are kept. This address must be a physical address. A PO Box or PMB will not be accepted. The address does not need to be in Washington State.

**(9) Governors:** List the individuals/businesses responsible for governing the business. Attach additional pages if necessary. A business cannot serve as its own governor. A governor is commonly a business/individual who has the authority to make decisions on behalf of the business.

**(10) Date of Formation:** Enter the date of formation as recorded in the home jurisdiction.

**(11) Period of Duration in Home Jurisdiction:** Enter the business's period of duration as it is recorded in the home jurisdiction.

**(12) Nature of Business:** Enter a brief description of the type of business the business conducts in Washington State.

**(13) Date Began Doing Business:** Select the date the business began or will begin doing business in Washington State.

**(14) Effective Date:** Select the date this filing is to be effective. If “Date of Filing” is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

**(15) Charitable Nonprofit Corporation:** Review [RCW 24.03A.010\(5\)](#) to determine if the business is a Charitable Nonprofit Corporation. Select “Yes” or “No” upon determination

**(16) Reporting Changes for the Charitable Nonprofit Corporation: Required only if re-qualifying.** If the business selected “Yes” to being a Charitable Nonprofit Corporation, indicate by checking “Yes” or “No” if the Nonprofit Corporation meets the exemptions of reporting under [RCW 24.03A.075](#). If “No” the question from section 17 must be completed.

**(17) Reporting Questions:** Indicate by checking “Yes” or “No” if the business operated a significant program or activity that is different from:

- a. A program or activity that the business has previously operated; and
- b. A program or activity described in the most recent application for recognition of exemption from federal tax income.

**(18) FEIN:** Provide the FEIN assigned to the business from the IRS.

**(19) Return Address for this Filing:** If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent’s address.

**(20) Authorized Person:** Sign, print, provide the signer’s title, and date the document.

If you have questions, need assistance, or would like to provide feedback, please visit the Corporations Division website at [sos.wa.gov/corps](https://sos.wa.gov/corps) email [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or call 360-725-0377.



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This Box For Office Use Only

- Filing Fee \$30
- To Expedite Filing, Add \$50

## FOREIGN NONPROFIT & NONPROFIT PROFESSIONAL SERVICE REGISTRATION STATEMENT

### [RCW 24.03A](#) & [RCW 23.95](#)

All fields **REQUIRED** unless otherwise specified

**(1) GROSS REVENUE:**

Did the Nonprofit Corporation's gross revenue meet or exceed \$500,000 in the most recent fiscal year?

(Check one)  YES  NO

**(2) REQUALIFICATION:**

Has this business previously registered with the Office of the Secretary of State? (Check one)  Yes  No

If Yes, provide the UBI No. and Expiration date: UBI No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

**(3) Do you already have a UBI No.?** (Check one)  Yes  No If Yes, provide UBI No.: \_\_\_\_\_

If No, a new UBI No. will be issued to you upon successful completion of the filing.

**(4) BUSINESS NAME:** \_\_\_\_\_

**Name must match the name listed on the Certificate of Existence/Good Standing**

Does the business have a name reserved? (Check one)  Yes  No If Yes, provide the Name Reservation Number  
Reservation Number: \_\_\_\_\_

Is the business a Nonprofit Professional Service? (Check one)  Yes  No

If Yes, the name must contain the words "Nonprofit Professional Service(s)", "Nonprofit Professional Corporation" or the abbreviation "NP PS" or "NP PC". The abbreviations can have periods between them.

**Does this Professional Service Corporation provide Dental Services?** (Check one)  Yes  No

**If Yes:** The name of a Nonprofit Professional Service Corporation organized to render dental services must contain the full names or surnames of all Directors and/or Incorporators and no other word than "Chartered" or the words "Nonprofit Professional Services" or the abbreviation "NP PS" or "NP PC" The abbreviations can have periods between them.

**To meet the requirements above a Doing Business As (DBA) Name may be required below.**

**(5) DOING BUSINESS AS (DBA) NAME:** [RCW 23.95.525](#)

If above name is not available, enter a name to be used in Washington State. \_\_\_\_\_

**(6) REGISTERED AGENT:**

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**COMMERCIAL REGISTERED AGENT: [RCW 23.95.420](#)**

A Commercial Registered Agent is a business or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a business. The Commercial Registered Agent's address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one)  Yes  No

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

**The Commercial Registered Agent must sign the consent to serve below.**

If No, continue below

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**NON-COMMERCIAL REGISTERED AGENT**

A Non-Commercial Registered Agent is an individual, business, or an office or position that is not registered as a Commercial Registered Agent.

- If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
- If a **business** is serving as the Registered Agent, only provide the name of the business below.
- If an **office** or **position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

**Registered Agent:** \_\_\_\_\_

Phone: _____	Email: _____
<b>Registered Agent Street Address (required)</b> (Must be a physical address; No PO Box or PMB)	<b>Registered Agent Mailing Address (optional)</b> <input type="checkbox"/> Check if mailing address is the same as street address
Country: <u>United States</u> State: <u>Washington</u>	Country: <u>United States</u> State: <u>Washington</u>
Address : _____	Address : _____
Zip: _____      City: _____	Zip: _____      City: _____

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**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

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_____	_____	_____
<b>Signature of Registered Agent</b>	<b>Printed Name/Title</b>	<b>Date</b>

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**(7) JURISDICTION:**

Country: \_\_\_\_\_ State: \_\_\_\_\_

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**(8) PRINCIPAL OFFICE:** The place where the business's records are kept

<b>Street Address</b> (Must be a physical address; No PO Box or PMB)	<b>Mailing Address (optional)</b> <input type="checkbox"/> Check if mailing address is the same as street address
Address: _____	Address: _____
Zip: _____ City: _____	Zip: _____ City: _____
State: _____ Country: _____	State: _____ Country: _____

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**(9) GOVERNOR(S):** A business cannot serve as its own Governor

List at least one, attach additional pages if necessary

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

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**(10) DATE OF FORMATION IN HOME JURISDICTION:** \_\_\_\_\_

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**(11) PERIOD OF DURATION IN HOME JURISDICTION:** Check ONE of the following

- This Company has a perpetual duration       This Company has a duration of \_\_\_\_\_ years.  
 This Company expires on \_\_\_\_\_
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**(12) NATURE OF BUSINESS:** Briefly describe the type of business your business conducts in Washington State

\_\_\_\_\_  
\_\_\_\_\_

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**(13) DATE BEGAN DOING BUSINESS IN WASHINGTON:** Check ONE of the following:

- Date of filing       Specify a date \_\_\_\_\_
- 

**(14) EFFECTIVE DATE:**

- Date of filing       Specify a date \_\_\_\_\_ (cannot be more than 90 days from received date)
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**(15) CHARITABLE NONPROFIT CORPORATION:**

Is the Nonprofit Corporation a Charitable Nonprofit as defined by [RCW 24.03A.010\(5\)](#)? (Check one)  YES  NO

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**REQUALIFICATION: Required only if re-qualifying with a previous registration**

**(16) REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION:**

Does the Nonprofit Corporation meet exemptions of reporting as outlined in [RCW 24.03A.075](#)?

(Check one)  YES  NO *If "no" the reporting question below is required to be answered*

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**(17) REPORTING QUESTIONS:**

Has the Nonprofit Corporation operated a significant program or activity that is different from:

- a. A program or activity that the Nonprofit has previously operated; and
- b. A program or activity described in the most recent application for recognition of exemption from federal tax income? (Check one)  YES  NO

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**(18) FEIN:** \_\_\_\_\_

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**(19) RETURN ADDRESS FOR THIS FILING: (Optional)**

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

**Attention:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**(20) AUTHORIZED PERSON:**

**I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.**

\_\_\_\_\_  
**Signature of Authorized Person**                      **Printed Name/Title**                      **Date**

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