

# **Question 6**

## **(Legislator Brew)**

**STATE OF NEW YORK  
DEPARTMENT OF STATE**

I hereby certify that the annexed copy for COMMUNITY RESOURCE COLLABORATIVE, INC., File Number 210907001241 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 09, 2022.



*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

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Division of Corporations,  
State Records and  
Uniform Commercial Code

New York State  
Department of State  
DIVISION OF CORPORATIONS,  
STATE RECORDS AND  
UNIFORM COMMERCIAL CODE  
One Commerce Plaza  
99 Washington Ave.  
Albany, NY 12231-0001  
www.dos.ny.gov

## CERTIFICATE OF INCORPORATION OF

Community Resource Collaborative, Inc.

*(Corporation Name)*

Under Section 402 of the Not-for-Profit Corporation Law

**FIRST:** The name of the corporation is:

Community Resource Collaborative, Inc.

**SECOND:** The corporation is a corporation as defined in subparagraph (5) of paragraph (a) of Section 102 of the Not-for-Profit Corporation Law.

**THIRD:** *(Select all that apply)*

The purpose(s) for which the corporation is formed is:

- any purpose for which corporations may be organized under the Not-for-Profit Corporation Law as a charitable corporation.
- any purpose for which corporations may be organized under the Not-for-Profit Corporation Law as a non-charitable corporation.
- any purpose for which corporations may be organized under the Not-for-Profit Corporation Law as a charitable corporation or as a non-charitable corporation. *(Note: Checking this box results in the corporation being categorized as a charitable corporation in paragraph FIFTH.)*
- the following specific purpose(s):

**FOURTH:** *(Check the appropriate statement)*

- The corporation is not formed to engage in any activity or for any purpose requiring consent or approval of any state official, department, board, agency or other body. No consent or approval is required.
- The corporation is formed to engage in an activity or for a purpose requiring consent or approval of a state official, department, board, agency or other body. Such consent or approval is attached.

**FIFTH:** The corporation is a:  charitable corporation  non-charitable corporation under Section 201 of the Not-for-Profit Corporation Law.

**SIXTH:** The office of the corporation is to be located in the County of Monroe County, State of New York.

**SEVENTH:** The names and addresses of the initial directors of the corporation are:  
*(A minimum of three is required)*

Name: Rosa Marie Curtis

Address: 274 N Goodman St Suite D110 Rochester, NY 14607

Name: Devon Reynolds

Address: 1274 Dewey Ave Rochester, NY 14613

Name: Aubrey Marrero

Address: 129 Brayton Rd Rochester, NY 14616

**EIGHTH:** The Secretary of State is designated as agent of the corporation upon whom process against it may be served.

The address to which the Secretary of State shall mail a copy of any process accepted on behalf of the corporation is: Community Resource Collaboration, Inc

Attn: Tina Paradiso

100 College Avenue, Suite 130 Rochester, NY 14607

**NINTH:** *(Optional – Corporations seeking tax exempt status may include language required by the Internal Revenue Service in this paragraph. See Not-for-Profit Incorporation Instructions.)*

The following language relates to the corporation's tax exempt status and is not a statement of purposes and powers. Consequently, this language does not expand or alter the corporation's purposes or powers set forth in paragraph THIRD.

The Corporation is organized exclusively for educational, charitable, and civic purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law), and, more specifically, to receive and administer funds for such charitable, educational, and civic purposes, all for the public welfare, and for no other purposes.

NAME, SIGNATURE & ADDRESS OF INCORPORATOR:

Tina Paradiso

*(Print or Type Name of Incorporator)*

X   
*(Signature of Incorporator)*

100 College Avenue, Suite 130

*(Address of Incorporator)*

Rochester, NY 14607

*(City, State, Zip Code)*

CERTIFICATE OF INCORPORATION  
OF

Community Resource Collaborative, Inc.

*(Corporation Name)*

Under Section 402 of the Not-for-Profit Corporation Law

Filer's Name and Mailing Address:

Ashley Cross

*Name:*

*Company, if Applicable:*

PO Box 60161

*Mailing Address:*

Rochester, NY 14606

*City, State and Zip Code:*

NOTES:

1. §301 of the Not-for-Profit Corporation Law requires that the name contain "Incorporated" or "Inc." or one of the other words or abbreviations indicative of corporate character unless the corporation qualifies for one of the exceptions in §301.
2. This sample form is provided by the New York State Department of State for filing a certificate of incorporation.
3. This form is designed to satisfy the minimum filing requirements pursuant to the Not-for-Profit Corporation Law. The Department of State will accept any other form which complies with the applicable statutory provisions.
4. The Department of State recommends that this legal document be prepared under the guidance of an attorney.
5. The Department of State does not provide legal, accounting or tax advice.
6. This certificate must be submitted with a \$75 filing fee made payable to the Department of State.

*For DOS use only*

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<b>CHAR410</b> Form <b>Online</b>	<b>Registration Statement for Charitable Organizations</b> New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 www.charitiesnys.com	<b>Open to Public Inspection</b>
For new registrations, Amendments, and Re-registrations		

Filing Information			
Type of Filing:	<input checked="" type="radio"/> Registration	<input type="radio"/> Amendment	<input type="radio"/> Re-Registration

Contact Information			
1. Name of Charity Community Resource Collaborative, Inc.		5. EIN 872598022	
2. c/o Name (if applicable)		6. Website www.commresourcecollab.org	
3. Mailing address (Number and street) 100 College Avenue		Room/suite Suite 130	7. Primary contact Tina Paradiso
City or town, state or country and ZIP+4 Rochester, New York, 14607, United States		Title Executive Director	
4. Principal address (Number and street) 100 College Avenue		Room/suite Suite 130	Phone 888-444-1060
City or town, state or country and ZIP+4 100 College Avenue, Suite 130, Rochester, New York, 14607, United States		Primary Contact Email tinap@commresourcecollab.org	
		Organization Email info@commresourcecollab.org	

3rd Party Preparer Information						
1. Name				4. Title		
2. Name of Firm				5. Phone		
3. Mailing address (Number and street)				Room/suite	6. Email	
City	State/Province	Postal Code	Country	7. Alternate Email		

Statute Review	
1. Does the organization conduct activity (other than soliciting) in New York State?	<input checked="" type="radio"/> Yes <input type="radio"/> No
2. When did the organization begin conducting activity?	2/21/2022
3. Does the organization maintain assets in New York State?	<input checked="" type="radio"/> Yes <input type="radio"/> No
4. Does the organization solicit, or plan to solicit or receive more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies?	<input checked="" type="radio"/> Yes <input type="radio"/> No
5. If already soliciting, when did this activity begin?	3/1/2022
6. Does the organization contract with or plan in the future to contract with a professional fundraiser or fundraising counsel?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Exemption	
1. Does the organization receive substantially all of its contributions from a government agency to which it submits annual financial reports?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Does the organization receive an allocation from a federated fund, United Way or incorporated community appeal?	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Is the organization a government agency, controlled by a government agency, the U.S. Congress or New York State Legislature?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. Was the organization formed for religious purposes?	<input type="radio"/> Yes <input checked="" type="radio"/> No
5. Is the organization incorporated under the New York State Education Law?	<input type="radio"/> Yes <input checked="" type="radio"/> No
6. If the organization is an educational institution, does it limit solicitation of contributions to the student body, alumni, faculty, trustees and their families?	<input type="radio"/> Yes <input checked="" type="radio"/> No
7. Is the organization an educational institution or museum that files annual financial reports with the Board of Regents of the State University of New York or an agency with similar responsibilities in another state?	<input type="radio"/> Yes <input checked="" type="radio"/> No
8. Is the organization a historical society chartered by the Board of Regents of the State University of New York?	<input type="radio"/> Yes <input checked="" type="radio"/> No
8a. Does the organization solicit contributions only from its membership?	<input type="radio"/> Yes <input checked="" type="radio"/> No
9. Is the organization a library that files annual financial reports as required by the NYS Department of Education?	<input type="radio"/> Yes <input checked="" type="radio"/> No
10. Is the organization a hospital, skilled nursing facility or diagnostic/treatment center?	<input type="radio"/> Yes <input checked="" type="radio"/> No
11. Is the organization a membership organization?	<input type="radio"/> Yes <input checked="" type="radio"/> No
11a. Does the organization solicit contributions only from its membership?	<input type="radio"/> Yes <input type="radio"/> No
12. Is the organization a volunteer firefighters or volunteer ambulance service organization?	<input type="radio"/> Yes <input checked="" type="radio"/> No
13. Is the organization a veterans' organization, volunteer firefighters, volunteer ambulance corps, or an auxillary of such organization and is its fundraising performed only by its members without direct or indirect compensation?	<input type="radio"/> Yes <input checked="" type="radio"/> No
14. Is the organization a police department, sheriff's department or other government law enforcement agency?	<input type="radio"/> Yes <input checked="" type="radio"/> No
15. Is the organization a law enforcement support organization that only solicits contributions from its members?	<input type="radio"/> Yes <input checked="" type="radio"/> No
16. Is the organization a cemetery corporation subject to Article 15 of the NYS Not-for-Profit Corporation Law?	<input type="radio"/> Yes <input checked="" type="radio"/> No
17. Is the organization a PTA affiliated with an educational institution subject to the jurisdiction of the NYS Education Department?	<input type="radio"/> Yes <input checked="" type="radio"/> No
18. Is the organization incorporated under Article 43 of NYS Insurance Law?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Based on initial and exemption review, the organization is required to register under: Executive Law 7-A and The Estates, Powers & Trusts Law 8-1.4	



Registration			
1. What type of organization is it? Corporation			
a. Does the organization have Federal tax exemption status? Yes Which status? 501(c)(3)		d. Was the organization ever denied tax exempt status?	
b. Has the organization applied for tax exemption status? When did it apply?		e. Has the organization had its tax exempt status revoked? No When was it revoked?	
c. Organization's fiscal year end 12/31		f. When was the organization incorporated or formed? 09/13/2021 State in which incorporated or formed New York	
2. List all chapters, branches and affiliates of your organization (For additional rows, please use Appendix)			
Organization Name	Relationship	Mailing address (number and street, room/suite, City or town, state or country and zip+4)	
3. List all officers, directors, trustees, key persons/key employees (For additional rows, please use Appendix)			
Name	Title	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Email
Tina Paradiso	Executive Director	100 College Avenue, Suite 130, Rochester, New York, 14607, United States	tinap@commresourcecollab.org
Janelle Snow	Grant Writer	100 College Avenue, Suite 130, Rochester, New York, 14607, United States	jsnow@commresourcecollab.org
Rosa Marie Curtis	Board President	274 N Goodman St Suite D110, Rochester, New York, 14607, United States	rosamane@marvelousmindacademy.com
Devon Reynolds	Board VP	1274 Dewey Ave, Rochester, New York, 14613, United States	devrey18@gmail.com
4. Other Names, Previous Names, and Registration Numbers			
a. Names/DBA/Assumed Names		c. Previous organization names	
b. Prior New York State charities registration numbers			

**5. Describe the organization's charitable purposes**

A nonprofit established to uplift youth 14-26 years old with workforce development supports, education, housing, training, childcare, food, events, workshops, and more

Our Mission: It is the mission of Community Resource Collaborative (CRC) to uplift young people between the ages of 16 and 24 who are directly and indirectly affected by all forms of violence, including gun violence, domestic violence, and trafficking

Through various collaborations across New York state and nationally, we collectively and successfully connect young people with the resources they need to be able to move through their traumatic experiences to starting personal peace by addressing housing, employment, mental health, and other services required to support basic human needs and continued personal growth and healing

We defend and champion humankind through strong advocacy for what is right, equitable, and just

6. Has the organization been prohibited by a government agency or court from soliciting contributions?  Yes  No

7. Have any of the organization's officers, directors, trustees, key persons/key employees been prohibited by a government agency or court from soliciting contributions?  Yes  No

8. Has the organization or its officers, directors, trustees, key persons/key employees been found in violation of any law in soliciting for a charity?  Yes  No

9. Has the organization or its officers, directors, trustees, key persons/key employees ever entered into any agreement with any regulatory body regarding its conduct in connection with any fundraising activity or misappropriation or misuse of the organization's money or property?  Yes  No

10. Has the organization's registration or license been suspended by a government agency?  Yes  No

11. Does the organization solicit or plan to solicit contributions in New York State?  Yes  No  
 Solicit to NYS DOL for workforce development and educational funds to develop programs for 16-24 year olds involving job readiness and retention skill development, provide a pre-career development initiative with a zero-barrier access to employment model, provide wrap-around services to disenfranchised and under-represented youth, solicit to NYS assemblymembers to receive operational funds to purchase equipment such as new desks, locking storage cabinets, technology, printers, and other required supplies to run a nonprofit and build programming, solicit any funding through grant streams that will develop programming that focuses on youth health, wellness, employment, housing, and overall stabilization, development of life skills, and professional skills.

12. Has the organization engaged fundraising professionals for fundraising in New York State?  Yes  No

Name	Type of FRP (see instructions for definitions)	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Dates of contract
	PFR <input type="checkbox"/> FRC <input type="checkbox"/>		Start date: End date:
	PFR <input type="checkbox"/> FRC <input type="checkbox"/>		Start date: End date:
	PFR <input type="checkbox"/> FRC <input type="checkbox"/>		Start date: End date:

13. Does the organization have a conflict of interest policy?  Yes  No

14. Does the organization have a whistleblower policy?  Yes  No

**15. Attached organization's required documents:**

- Certificate of incorporation, including amendments or other organizing document
- Bylaws or other organizing document
- Other organizing documents (if applicable)

**Signatures**

I certify under penalty for perjury that I reviewed this Registration Statement, including all schedules and attachments, and to the best of my knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this statement.

Role	First Name	Last Name	Title	Email Address
President or Authorized Officer/Trustee	Tina	Paradiso	Executive Director	tinap@commresourcecollab.org
Chief Financial Officer or Treasurer	Melissa	Davis	Tresurer	melissa@valuestobrand.com

Signature of President or Authorized Officer/Trustee DocuSigned by:  
*Tina Paradiso* 11/28/2022

Signature of Chief Financial Officer or Treasurer DocuSigned by:  
 11/26/2022

Appendix A - List all chapters, branches and affiliates of your organization		
Organization Name	Relationship	Mailing address

Appendix B - List all officers, directors, trustees, key persons/key employees			
Name	Title	Mailing address	Email

Appendix C - Names/DBA/Assumed Names
Names/DBA/Assumed Names

Appendix D - Previous Organization Name
Previous organization Name