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New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12 / 31 / 2013
month day year

2. Federal ID Number (EIN) 30-0562250 2a. N.J. Charities Registration Number: CH- 3228900

3. Full legal name of the registering organization: THE OEIS FOUNDATION INC.
 In care of: (if necessary, otherwise leave this line blank) N. J. A. SLOANE, PRESIDENT

4. Mailing Address: 11 SOUTH ADELAIDE AVE, HIGHLAND PARK, NJ 08904 Change of Address
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization _____
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes No
 If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the of the organization's records, and to whom correspondence should be addressed.

Contact person	Street address	City	State	ZIP Code

Telephone number (include area code) <u>732-828-6098</u>	Fax number (include area code) <u> </u>
E-mail address <u>president@oeis.org</u>	Web site <u>http://oeisf.org</u>

7. Organization's contact information:

8. Type of organization (check one):

- Nonprofit corporation
- Partnership
- Foundation
- Trust
- Individual
- Other (Specify) _____
- Association
- Society