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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-200

Short-Form Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Charitable organizations, domiciled or doing business in the State of New Jersey, which receive gross contributions of \$25,000 or less per year, are required to submit an initial registration and to renew registration annually. In both circumstances this form may be used. In the event an organization receives gross contributions of less than \$10,000 per year and does not compensate anyone to solicit or perform fund-raising activities on its behalf, the organization is exempt from registration, but may still choose to register. The registration fee for charities with gross contributions between \$0 and \$25,000 is \$30, whether the fee is for an initial or renewal registration. Payment is to be made by check or money order, made payable to the "New Jersey Division of Consumer Affairs," and is due at the time of submission of the form.

1a.	This statement is an □ Initial 💢 Renewal Registration (check one only.)				
1b.	his statement contains the facts and financial information for the fiscal year ending: 12 / 31 / 2014				
2.	Federal ID Number (EIN) 30-0562250 2a. N.J. Charities Registration Number: CH-3228900 (Leave blank ONLY if this is an initial registration.)				
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 ADEL Street Address	ALDE AVE, HIGHLAND	PITRK, NJC	<u>)8904</u> □ (Change of Address
NOT	TE: If " in care of," a postal, private or rural	delivery mail box number is used,	the street address o	of the charity n	nust be given below.
5.	The principal street address of the registeri Same as Mailing Address	ng organizationStreet Address	City	State	ZIP Code
6.	Does the organization have any offices in It "Yes," attach a list giving the street addr			ey.	□ Yes 🙇 No
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 organization's records and to whom correspondence should be addressed.				
	Contact person	Street address	City	State	ZIP Code
	Telephone number (include area code)	Fax number (include area code)			
7.	Organization's contact information:				
	(732) 828 609 8 8	NA	-		
	president a oeis org	http:// Beisf. 0	rg		
	E-mail address	Web site	Commend		