



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

EXPIRATION DATE: JANUARY 29, 2023

This is to certify that UNIVERSITY OF RHODE ISLAND

is a registered CLASS R RESEARCH FACILITY
under the

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 15-R-0004

Customer No. 268

A handwritten signature in dark ink, appearing to read "Elizabeth Golding". The signature is written in a cursive, flowing style.

Deputy Administrator

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
APPLICATION FOR REGISTRATION
(TYPE OR PRINT)

REGISTRATION UPDATE

USDA USE ONLY

Applicant should send completed form to this address.
USDA APHIS ANIMAL CARE
EASTERN
2150 Centre Ave.
Building B, Mailstop #3W11
Fort Collins, CO 80526-8117
(970) 494-7478

CERTIFICATE NO./CUST NO:

15-R-0004

268

RENEWAL DATE

29-Jan-2020

29 JAN 23

1. REGISTRANT (Name and permanent mailing address, including Zip Code)

University Of Rhode Island
70 Lower College Road
Kingston, RI 02881

COUNTY: Washington TELEPHONE () -

3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)

2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES
(Use additional sheets if necessary)

(b) (7)(F)

County: Washington

4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS

☒ Yes ☐ No

6. TYPE OF REGISTRATION:

☐ Class E - Exhibitor

☐ Class H - Intermediate Handler

☒ Class R - Research Facility

☐ Class T - Carrier

7. FEDERAL FUND TYPES:

☒ Award ☐ Contract ☒ Grant ☐ Loan

8. TYPE OF ORGANIZATION:

☐ Partnership

☐ Corporation

☐ Individual

☒ Other (Specify)

STATE UNIVERSITY

9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)

A. NAME B. TITLE C. ADDRESS (full address, including ZIP Code)

(b) (6), (b) (7)(C), (b) (7)(F)

CERTIFICATION

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C. 2131 et seq. and I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Subpart A, parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older.

10. SIGNATURE

(b) (6), (b) (7)(C)

12. DATE SIGNED

1/8/20

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS