Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration.

OMB No. 0579-0036
FORM APPROVED

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:	RENEWAL DATE
15-R-0002 266	31-Jul-2020

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

Rhode Island Hospital
593 Eddy Street
Central Research Facilities
Aldrich 510
Providence, RI 02903

COUNTY: Providence **TELEPHONE:** (401) 444 - 5788

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

Site 1: (b) (7)(F)

Site 2:

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

N/A

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

N/A

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)*

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) (6), (b) (7)(C)
		RI Hospital 593 Eddy Street Central Research Facilities Aldrich 512 Providence, RI 02903

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		12. DATE SIGNED
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	8/3/2020

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

APHIS FORM 7011
(FEB 2009)