



## Instructions for Filing

### Articles of Incorporation for a Non-Profit Corporation

[Section 7-6-34](#) of the General Laws of Rhode Island, 1956, as amended

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.

All filings are public records under RIGL [38-2-1](#), et seq. This means all information is available to the public by a variety of methods including, without limitations, inspections at our office, telephone inquiries and electronically through our online database.

**This legal document should be typed. All illegible documents will be REJECTED.**

#### How to complete the form:

1. State the name of the corporation. Your entity name must be distinguishable from any name on file with this office. You may check [name availability](#) on our website; however, this does not ensure the name will still be available upon filing.
2. All Rhode Island non-profit corporations have a perpetual (ongoing) existence unless the corporation designates a specific date of dissolution.
3. Explain the specific purpose(s) for which the non-profit is being organized.
4. State any additional provisions agreed upon by the incorporators that you would like included in the Articles. Visit the [IRS website](#) for declaring a federal tax exempt status.
5. State the name of the registered agent. The registered agent is an individual or entity that will accept all legal service for this entity. The agent must be a Rhode Island resident or entity qualified to do business in this state. A Rhode Island street address is required, **NOT** a P.O. Box. In addition to all legal service of process, other important correspondence from the state will be sent to this address.
6. A non-profit corporation's Board of Directors must have **NO LESS THAN THREE** directors. List the names and addresses of each of the directors.
7. State the names and addresses of each incorporator.
8. Check "Date received" unless you prefer that the Articles go into effect at a later date than when the form is received in this office. Any later date must be within 30 days of filing.
9. **ALL** Incorporator(s) **MUST** sign and date the form.

#### How to pay the filing fee:

The filing fee is \$35, payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 for further information.

#### How to confirm your filing:

Entity records are retrievable and viewable through our website. Successful filings will **NOT** result in a mailed confirmation. Filings that cannot be processed will be posted [online](#) and then returned. To confirm your submission and obtain evidence of your filing:

- Go to our [Corporate Database](#)
- Enter the name or ID number of your entity and click "Search"
- Click on the link to your entity record, scroll down, select "All Filings" and then "View Filing"
- Identify desired type of filing and click on "PDF" under "View PDF" to view and print the record

#### How to maintain your status:

The corporation is responsible for filing an annual report each calendar year, excluding the year of incorporation, between June 1 and June 30. A courtesy reminder will be mailed to the registered agent prior to June 1 of each year. Be sure to follow up with your registered agent concerning filing this report. Failure to file an annual report or maintain a registered agent/office will result in the revocation of the Articles of Incorporation pursuant to RIGL [7-6-56](#).

Your entity may require additional licensing. Please visit our [website](#) for further information.



STAMP

FOR SECRETARY OF STATE USE ONLY

### Articles of Incorporation

#### DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

The undersigned, acting as incorporator(s) of a corporation under RIGL [7-6-34](#), adopt(s) the following Articles of Incorporation for such corporation:



1. The name of the corporation is:
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2. The period of its duration is: <b>CHECK ONE BOX ONLY</b>
Perpetual (on-going)
Date certain for dissolution _____

3. The specific purpose or purposes for which the corporation is organized are:
Check the box to indicate an attachment

4. Provisions, if any, not consistent with the law, which the incorporators elect to set forth in these Articles of Incorporation for the regulation of the internal affairs of the corporation are:
Check the box to indicate an attachment

5. Name and address of the initial registered agent/office in Rhode Island is:		
Agent Name		
Street Address ( <u>NOT</u> a P.O. Box)		
City	State <b>RHODE ISLAND</b>	Zip Code

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040

**Website:** www.sos.ri.gov



6. The number of the initial Board of Directors of the Corporation is \_\_\_\_ (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:

NAME	ADDRESS

Check the box to indicate an attachment

7. The name and address of each incorporator is:

NAME	ADDRESS

Check the box to indicate an attachment

8. Date when these Articles of Incorporation will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 30 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Incorporator	Date
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Signature of Incorporator

Type or Print Name of Incorporator	Date
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Signature of Incorporator

Type or Print Name of Incorporator	Date
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Signature of Incorporator



## Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. **All fields are REQUIRED.**

Name:		Date:
Proposed Entity Name:		
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number: