



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$35.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Articles of Incorporation**

(Chapter 7-6-34 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the corporation is BROKEN BLADES

**ARTICLE II**

The period of its duration is X Perpetual     

**ARTICLE III**

The specific purpose or purposes for which the corporation is organized are:

IT IS THE INTENT OF BROKEN BLADES TO BECOME A SCIENTIFIC ORGANIZATION AS DESCRIBED IN

SECTION 501(C)(3). BROKEN BLADES CONSISTS OF THREE OR MORE MEMBERS JOINED

BY MUTUAL

CONSENT FOR THE COMMON, NONPROFIT PURPOSES OF OBTAINING SCIENTIFIC INFORMATION TO BE

PRESENTED TO THE PUBLIC THROUGH WEBSITE, SCIENTIFIC PUBLICATIONS, AND A DOCUMENTARY FILM.

THE PURPOSE OF THIS ORGANIZATION IS TO RESEARCH AND FIND HELICOPTERS SUNK OFF THE COAST OF

VIETNAM DURING THE EVACUATION OF SAIGON IN 1975. BROKEN BLADES MAY ENGAGE IN ANY AND

ALL OTHER CHARITABLE ACTIVITIES PERMITTED TO AN ORGANIZATION EXEMPT FROM

FEDERAL INCOME TAX

UNDER SECTION 501(C)(3) OF THE CODE OR CORRESPONDING FUTURE PROVISIONS OF THE FEDERAL TAX

LAW. TO THESE ENDS, BROKEN BLADES MAY DO AND ENGAGE IN ANY AND ALL LAWFUL ACTIVITIES THAT

MAY BE INCIDENTAL OR REASONABLY NECESSARY TO ANY OF THESE PURPOSES, AND

IT SHALL HAVE AND

MAY EXERCISE ALL OTHER POWERS AND AUTHORITY NOW OR HEREAFTER CONFERRED UPON

UNINCORPORATED NONPROFIT CORPORATIONS IN THE STATE/COMMONWEALTH OF RHODE ISLAND.

#### ARTICLE IV

Provisions, if any, not inconsistent 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:

#### ARTICLE V

The street address (post office boxes are not acceptable) of the initial registered office of the corporation is:

No. and Street: 45 SAW MILL DRIVE #205  
City or Town: NORTH KINGSTOWN State: RI Zip: 02852

The name of its initial registered agent at such address is MICHAEL L BRENNAN

#### ARTICLE VI

The number of directors constituting the initial Board of Directors of the Corporation is 3 and the names and addresses of the persons who are to serve as the initial directors are:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	MICHAEL L BRENNAN	45 SAW MILL DRIVE #205 NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	FREDRIC ALAN MAXWELL	2242 NE DAVIS ST PORTLAND, OR 97232 USA
DIRECTOR	KYLE P BRENNAN	292 GRAND ST BROOKLYN, NY 11211 USA

#### ARTICLE VII

The name and address of the incorporator is:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	MICHAEL L BRENNAN	45 SAW MILL DR #205 NORTH KINGSTOWN, RI 02852 USA

#### ARTICLE VIII

Date when corporate existence is to begin 10/25/2016  
(not prior to, nor more than 30 days after, the filing of these Articles of Incorporation)

**Signed this 25 Day of October, 2016 at 2:49:36 PM by the incorporator(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

**Enter signature(s) below.**  
MICHAEL L. BRENNAN

Form No. 200  
Revised 09/07

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

Nellie M. Gorbea  
*Secretary of State*

