



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

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Non-Profit Corporation  
Articles of Incorporation

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

[?](#)  
Help with this form

ARTICLE I

The name of the corporation is

ARTICLE II

The period of its duration is  Perpetual    (mm/dd/yyyy)

ARTICLE III

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

PROMOTE PERFORMANCE HANDICAP RACING ON NARRAGANSETT BAY. ESTABLISH AND MAINTAIN PERFORMANCE HANDICAP RATINGS FOR YACHT OWNERS OR YACHT CHARTERERS

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.

FILED  
OCT 18 2017 9:56 am  
BY *confirm# 474622*

ARTICLE V

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

No. and Street:   
  
City or Town:

State: RI

Zip:

The name of its initial registered agent at such address is

**ARTICLE VI**

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

Delete	Title	Individual Name	Address
		First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	DIRECTOR	MARK A NANNINI	70 BRAYTON RD TIVERTON RI 02878 USA
<input type="checkbox"/>	DIRECTOR	ROY GUAY	154 NARRAGANSETT AVE JAMESTOWN RI 02895 USA
<input type="checkbox"/>	DIRECTOR	ROBERT HORTON	294 BURNT HILL RD HOPE, RI 02831 USA
<input type="checkbox"/>	DIRECTOR	WILL MUSELER	189 WATER ST PORTSMOUTH RI 02871 USA

Select From Below

First Name  Middle Name  Last Name  Suffix

Address  City  State  Zip  Country

**ARTICLE VII**

The name and address of the incorporator is:

Delete	Title	Individual Name	Address
		First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	INCORPORATOR	MARK A NANNINI	70 BRAYTON RD TIVERTON, RI 02878 USA

Select From Below

First Name  Middle Name  Last Name  Suffix

Address  City  State  Zip  Country

**ARTICLE VIII**

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

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street:

City or Town:  State:  Zip:  Country:

Contact Phone:  ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 18 Day of October, 2017 at 9:56:26 AM 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.**

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this filing

Accept       Decline

Form No. 200  
Revised 09/07

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