



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
STATE
SECRETARY OF
CORPORATIONS DIV
2019 MAR 18 PM 12:05

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:

RECEIVED
STATE
SECRETARY OF
CORPORATIONS DIV
2019 MAR 29 PM 4:41

1. The name of the corporation is: Kingston Pines Estates		
2. The period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
3. The specific purpose or purposes for which the corporation is organized are: To establish funds in a checking account to allow for members to pay annual dues. The purpose of annual dues is to: Have a liability insurance policy on our open space and our private road, maintain the private road and retention area, and plan to establish an accrual account for future repairs or renovations to our road. <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
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: Declaration of Covenant and Bi Laws, Conditions and Restrictions <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Agent Name James N Frost Jr.		
Street Address (<u>NOT</u> a P.O. Box) 48 Tara Lynn Court		
City West Kingston	State RHODE ISLAND	Zip Code 02892

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAR 29 2019 1:41

BY AK C6TT5

6. The number of the initial Board of Directors of the Corporation is 4 (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:

NAME	ADDRESS
James N. Frost Jr.	48 Tara Lynn Ct. West Kingston, RI 02892
Scott Gamelin	50 Tara Lynn Ct. West Kingston, RI 02892
Michael Rush	40 Lynn Ct. West Kingston, RI 02892
Rebecca Frost	48 Tara Lynn Ct. West Kingston, RI 02892

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
James N. Frost Jr.	48 Tara Lynn Ct. West Kingston, RI 02892
Scott Gamelin	50 Tara Lynn Ct. West Kingston, RI 02892
Mike Rush	40 Tara Lynn Ct. West Kingston, RI 02892
Rebecca Frost	48 Tara Lynn Ct. West Kingston, RI 02892

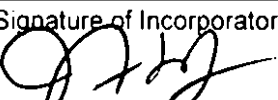
Check the box to indicate an attachment ☐

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

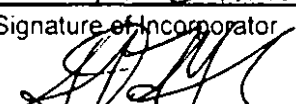
- ☒ Date received (Upon filing)
- ☐ Later effective date (Date must be no more than 30 days from the date of filing) _____

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.

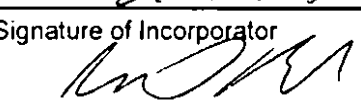
Type or Print Name of Incorporator <u>James N. Frost Jr</u>	Date <u>3/27/19</u>
--	------------------------

Signature of Incorporator 	SIGN DOCUMENT HERE
--	--------------------

Type or Print Name of Incorporator <u>Scott Gamelin</u>	Date <u>3-28-19</u>
--	------------------------

Signature of Incorporator 	SIGN DOCUMENT HERE
--	--------------------

Type or Print Name of Incorporator <u>Michael Rush</u>	Date <u>3/27/19</u>
---	------------------------

Signature of Incorporator 	SIGN DOCUMENT HERE
--	--------------------

<u>Rebecca Frost</u>	<u>3/29/19</u>
----------------------	----------------

<u>Rebecca Frost</u>	
----------------------	--