RI SOS Filing Number: 202105652850 Date: 12/1/2021 2:22:00 PM

Department of State - Business Services Division ticles of Incorporation DMESTIC Non-Profit Corporation Filing Fee: \$35.00 undersigned, acting as incorporator(s) of a corporation under RIGL 7-6-34, adopt(s) the bwing Articles of Incorporation for such corporation: The name of the corporation is: ag Circle Homeowner's Association The period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going) Date certain for dissolution The specific purpose or purposes for which the corporation is organized are: the organization and running of the Stag Circle Homeowner's Association pursuant to Article 2 of the Check the box to indicate an ail Provisions, if any, not consistent with the law, which the incorporators elect to set forth in these Articles of In the regulation of the internal affairs of the corporation are:	PER SACS DIA
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Check the box to indicate an at	orporation
Name and address of the initial registered agent/office in Rhode tsiand is:	
ent Name John J. Kupa, Jr., Esq.	
eet Address (<u>NQT</u> a P.O. Box) 20 Oakdale Road	_ i
North Kingstown State RHODE ISLAND Zip Code 02852	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 0 1 2021

FORM 200 - Heyised: 08:202.

6. The number of the initial Board of Directors of the Corporation is 3 (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 Grundy	P.O. Box 313, Exeter, RI 02822				
Julie A. Grundy	P.O. Box 313, Exeter, RI 02822				
John J. Kupa, Jr., Esq.	20 Oakdale Road, North Kingstown, RI 02852				
	Check the box to indicate an attachment				
7. The name and address of each incorpor					
NAME	ADDRESS				
John J. Kupa, Jr.	20 Oakdale Road, North Kingstown, RI 02852				
·					
-	Check the box to	o indicate an attachment			
8. Date when these Articles of Incorporatio	n will be effective: CHECK ONE BOX ONLY	y morodo dir diladi			
✓ Date received (Upon filling) □ Later effective date (Date must be no more than 30 days from the date of filling)					
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			
John J. Kupa, Jr.	,	Novebe 29, 2021			
Signature of Incorporator					
Type or Print Name of Incorporato:		Date			
Signature of Incorporator					
Type or Print Name of Incorporator		Date			
Signature of Incorporator					

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
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:

December 01, 2021 02:22 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

