



State of Rhode Island

Department of State - Business Services Division

Articles of Incorporation
DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

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BUS SVCS DIV

2023 FEB 15 P 2:05

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FOR
SECRETARY OF STATE
USE ONLY

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:

RHODY CAMPERS

2. The period of its duration is: **CHECK ONE BOX ONLY**

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

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

To start a camping group.

Check the box to indicate an attachment ☐

4. 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:

Check the box to indicate an attachment ☐

5. Name and address of the initial registered agent/office in Rhode Island is:

Agent Name *GAIL A HOGAN*

Street Address (NOT a P.O. Box)

118 SCENIC DRIVE

City *CRANSTON*

State **RHODE ISLAND**

Zip Code *02920*

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY

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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
STEPHEN P HOGAN	118 SCENIC DRIVE CRANSTON RI 02920
DENNIS CHARPENTIER	196 WOOD STREET WARWICK RI 02889
GAIL A HOGAN	118 SCENIC DRIVE CRANSTON RI 02920

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
GAIL A HOGAN	118 SCENIC DR CRANSTON RI 02920

Check the box to indicate an attachment ☐

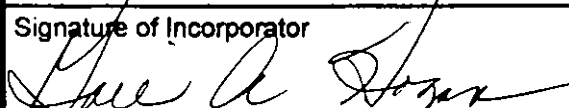
8. Date when these Articles of Incorporation will be effective: **CHECK ONE BOX ONLY**

☒ 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 GAIL A HOGAN	Date 2-15-2023
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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



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

February 15, 2023 02:05 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

