



State of Rhode Island

Department of State - Business Services Division

Articles of Incorporation
DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 FEB 15 P 2:05

STAMP

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

FILED

STAMP

FEB 15 2023

FOR
SECRETARY OF STATE
USE ONLY

BY

120 3PR
2105

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 |
|--|-------------------|

| |
|---|
| Signature of Incorporator  |
|---|

| | |
|------------------------------------|------|
| Type or Print Name of Incorporator | Date |
|------------------------------------|------|

| |
|---------------------------|
| Signature of Incorporator |
|---------------------------|

| | |
|------------------------------------|------|
| Type or Print Name of Incorporator | Date |
|------------------------------------|------|

| |
|---------------------------|
| Signature of Incorporator |
|---------------------------|