

State of Rhode Island Office of the Secretary of State

Fee: \$35.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

| Non-Profit | Corporation |
|--------------------|---------------|
| Articles of | Incorporation |

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

ARTICLE I

The name of the corporation is IMPACT 100 NEWPORT COUNTY

| | ARTICLE II |
|---|------------|
| The period of its duration is X Perpetual | _ |

ARTICLE III

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

1. TO AWARD MEMBERSHIP FUNDED GRANTS TO NON-PROFIT ORGANIZATIONS WHILE IMPROVING LIVES THROUGH

PHILANTHROPY

- 2. TO PROVIDE EXCLUSIVELY FOR CHARITABLE, RELIGOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN MEANING OF
- SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR COMPARABLE PROVISIONS OF
- SUBSEQUENT LEGISLATIONSECTION 501(C)(3) AND EXEMPT FROM TAXATION UNDER SECTION 501(A) OF THE CODE
- 4. TO DO SUCH THTINGS AND TO PERFORM SUCH ACTS TO ACCOMPLISH ITS PURPOSES AS THE BOARD OF DIRECTORS
- MAY DETERMINE TO NE APPROPRIATE AND AS ARE NOT FOBIDDEN BY SEWCTION 501(C)(3) OF THE CODE, WITH ALL
- THE POWER CONFERRED TO NONPREOFIT CORPORATIONS UNDER THE LAWS OF THE STATE OF RHODE ISLAND

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:

<u>N/A</u>

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

No. and Street: 50 CATHERINE STREET

City or Town: NEWPORT State: RI Zip: 02840

The name of its initial registered agent at such address is <u>LEEANNE LANGSTON</u>

ARTICLE VI

The number of directors constituting the initial Board of Directors of the Corporation is $\underline{3}$ and the names and addresses of the persons who are to serve as the initial directors are:

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------|--|---|
| DIRECTOR | MAURA CATHERINE LINDSAY MS | 360 GIBBS AVE NEWPORT, RI 02840 US |
| DIRECTOR | RENEE SIMON SHERMAN MS | 19 KEEHER AVE NEWPORT, RI 02840 US |
| DIRECTOR | LEEANNE LANGSTON MS | 50 CATHERINE ST NEWPORT, RI 02840 US |

ARTICLE VII

The name and address of the incorporator is:

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------------|--|---|
| INCORPORATOR | MAURA CATHERINE LINDSAY MS | 360 GIBBS AVE NEWPORT, RI 02840 US |

ARTICLE VIII

Date when corporate existence is to begin $\underline{06/01/2024}$ (not prior to, nor more than 30 days after, the filing of these Articles of Incorporation)

Signed this 29 Day of May, 2024 at 4:19:03 PM 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.

 $Enter\ signature (s)\ below.$

MAURA C LINDSAY

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