

State of Rhode Island Department of State - Business Services Division

Certificate of Correction

DOMESTIC or FOREIGN Non-Profit Corporation

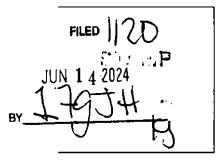
→ Filing Fee: \$10.00



Pursuant to the provisions of RIGL<u>7-6-41.1</u> the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number:	2. The name of the corporation is:			
001771391	Pokanoket Management Group			
3. The document to be corrected is:		4. The date the document being corrected was originally		
Articles of incorporation		filed: 03-22-2024		
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:				
Purpose; to cultivate, preserve and protect the natural, cultural, traditonal and historical resources, watersheds, habitats, ecosystems and archaeological sites of and within the ancestral territories of the Pokanoket Nation and to encourage sound conversation practices, preserve aboriginal lifeways, access to waters, engage and inform, educate and train persons in traditional Pokanoket forms of conservation, stewardship and maintenances of open wetlands, woodlands and ecosystems				
		Check the box to indicate an attachment		
6. The new corrected portion of the document states as follows: To manage, maintain and improve Pokanoket lands and land aquisitons through monies from but not limited to donations, fundraising and other income generation activities to cultivate, preserve and protect the natural, cultural, traditional and historical resources, wathersheds, habitats, ecosystems and archaeological sites of and within the ancestral territories of the Pokanoket Nation and to encourage sound conservation practices, preserve aboriginal lifeways, access to waters, engage and inform, educate and train persons in traditional Pokanoket forms of conservation, stewardship and maintenance of open wetlands, woodlands and ecosystems				
Check the box to indicate an attachment				
7. The corrected document <i>MUST</i> be attached to this certificate.				

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





May 17, 2024

Secretary of the State of Rhode Island

RE: Missing sentence

Dear Secretary of State,

It has come to the attention of the Board of Directors, that the first sentence of the 501 c 3 is missing. The Board of Directors held a meeting on May 17, 2024 (via zoom) and unanimously voted to have the sentence entered in to the Article of Corporation for the Pokanoket Management Group as follows;

To manage, maintain and improve Pokanoket lands and land acquisitions through monies from but not limited to donations, fundraising and other income generating activities. To cultivate, preserve and protect the natural, cultural, traditional and historical resources, watersheds, habitats, ecosystems and archaeological sites of and within the ancestral territories of the Pokanoket Nation. To encourage sound conservation practices, preserve aboriginal lifeways, access to waters, engage and inform, educate and train persons in traditional Pokanoket forms of conservation, stewardship and maintenance of open wetlands, woodlands and ecosystems.

Kindly.

Toni-Marie Walmsley JMW Authorized Board of Director

43 Fales Avenue, Barrington RI 02806

8. The correction was adopted in the following manner: CHECK ONE BOX ONLY			
The correction was adopted at a meeting of the members held on a quorum was present, and the correction received at least a majority of the votes wh represented by proxy at such meeting were entitles to cast.			
The correction was adopted by a consent in writing on, sig to vote with respect thereto.	ned by all members entitled		
The correction was adopted at a meeting of the Board of Directors held on MAY is received the vote of a majority of the directors in office, there being no members entities thereto.			
Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of Authorized Officer of the Corporation	Date		
Toni-Marie Walmsley	May 17, 2024		
Signature of Authorized Officer of the Corporation	0 7		
In Maire Walnuby			

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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:

1. The name of the corporation is:				
POKANOKET HI	ANAGEMENT GROUP			
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 corporatio	n is organized are:			
	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:				
ion the regulation of the internal analis of the corporation are				
	Check the	box to indicate an attachment		
5. Name and address of the initial registered agent/office in I	Rhode Island is:	···· =· ·		
Agent Name				
WILLIAM O GOY				
Street Address (<u>NOT</u> a P.O. Box) <i>43 FALES AVENU</i>	E			
City	State	Zip Code		
BARRINGTON	RHODE ISLAND	02706		

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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Kindly

Toni-Marie Walmsley JMW Authorized Board of Director

43 Fales Avenue, Barrington RI 02806

6. The number of the initial Board of Direct address of the persons who are to serve as				
NAME	ADDRESS			
WILLIAM O GUY	43 FALES AVENUE BACKINGTON RI Q3806			
TONI- MARIE WALMSLEY	310 VERHONT AVENUE PROVIDENCE RI 0.2905			
CARTER A THOMAS JR	147 PORT CIRCLE WARWICK RI 02889			
Check the box to indicate an attachment				
7. The name and address of each incorpor	ator is:			
NAME	ADDRESS			
WILLIAM O GUY	43 FALES AVENUE BARRINGTON BI 02806			
TONI-HARIE WALMSLEY	310 VERNONT AUGUNE PROVIDENCE RI 02905			
CARTER A THOMAS JR	147 POET CIRCLE WLARWICK BI 02889			
Check the box to indicate an attachment				
	n 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)				
	nd affirm that I/we have examined these Articles of Incorporation, including any atements contained herein are true and correct.			
Type or Print Name of Incorporator	Date			
WILLIAM O GUY	6/14/24			
Signature of Incorporator				
William O. Muy				
Type or Print Name of Incorporator	Date			
TONI-MARIE WALNSLEY	6-7-2024			
Signature of Incorporator Jou Marce Walnaley				
Type or Print Name of Incorporator	Date / /			
CARTER A THOMAS JR	6/7/2024			
Signatore of Incorporator				
(Arten A. Thomas la.				

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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:

June 14, 2024 11:20 AM

Treng M. Course

Gregg M. Amore Secretary of State

