



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS

2024 SEP 10 AM 10:09

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: Belleville Ponds Complex Association		
2 The period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
3. The specific purpose or purposes for which the corporation is organized are: Belleville Ponds Complex Association is an all-volunteer, non-profit organization, dedicated to the restoration and preservation of the Belleville Ponds Complex (Belleville Pond and Secret Lake) in North Kingstown, RI.. Our goal is to collaborate with lake associations, ecological specialists, our neighbors, local, state, and national supporters to bring back our lake. We shall promote safe recreation including boating, swimming, and fishing. We will protect the biological diversity and		
Check the box to indicate an attachment <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/>		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Lisa Sussman		
Street Address (<u>NOT</u> a PO Box) 475 Shore Drive		
City 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

FILED

SEP 10 2024
BY *[Signature]*
AA 10:09 AM

BELLEVILLE PONDS COMPLEX ASSOCIATION 501c3 FILING

Contact Lisa Sussman 401-258-3010

ATTACHMENT FOR #3: The specific purpose or purposes for which the organization is organized are:

Belleville Ponds Complex Association is an all-volunteer, non-profit organization; dedicated to the restoration and preservation of the Belleville Ponds Complex (Belleville Pond and Secret Lake) in North Kingstown, RI.. Our goal is to collaborate with lake associations, ecological specialists, our neighbors, local, state, and national supporters to bring back our lake. We shall promote safe recreation including boating, swimming, and fishing. We will protect the biological diversity and natural beauty of the lake for present and future generations.

BELLEVILLE PONDS COMPLEX ASSOCIATION 501c3 FILING
Contact Lisa Sussman 401-258-3010

ATTACHMENT FOR #4: Provisions, if not inconsistent with the law, which the incorporations elect to set forth in these Articles of Incorporation for the regulation of the internal affairs of the corporation are:

1. "Purpose and Mission:" - The corporation is dedicated to raising funds to analyze and treat Belleville Lake Complex for invasive weeds, thereby preserving its ecological health and recreational value for the community.
2. "Membership:" - Membership shall be open to any individual or organization that supports the corporation's mission. Members shall have the right to vote on key decisions at annual or special meetings.
3. "Board of Directors:" - The corporation shall be governed by a Board of Directors, consisting of 10 to 16 members. Directors shall serve for 3 years and may be re-elected for subsequent terms. - The Board shall have the authority to manage the corporation's affairs, including the adoption of policies and procedures, approval of budgets, and oversight of programs.

6. The number of the initial Board of Directors of the Corporation is 4 (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are

NAME	ADDRESS
Lisa Sussman	475 Shore Drive North Kingstown RI 02852
Jack Hope	17 Jamaica Way North Kingstown RI 02852
Justin Romano	435 Shore Drive North Kingstown RI 02852
Peter Duquette	474 Shore Drive North Kingstown RI 02852

Check the box to indicate an attachment

7. The name and address of each incorporator is.

NAME	ADDRESS
Nancy Hope	17 Jamaica Way North Kingstown RI 02852
Jack Hope	17 Jamaica Way North Kingstown RI 02852
Justin Romano	435 Shore Drive North Kingstown RI 02852
Peter Duquette	474 Shore Drive North Kingstown RI 02852

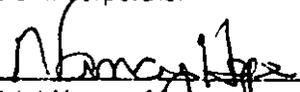
Check the box to indicate an attachment

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

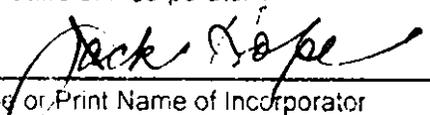
- Date received (Upon filing)
- Later effective date (Date must be no more than 30 days from the date of filing) _____

9. 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 Nancy Hope	Date 9.1.24
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Signature of Incorporator 
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Type or Print Name of Incorporator Jack Hope	Date Sept 1, 2024
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Signature of Incorporator 
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Type or Print Name of Incorporator Justin Romano	Date
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Signature of Incorporator 
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6. The number of the initial Board of Directors of the Corporation is _____ (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are.

NAME	ADDRESS

Check the box to indicate an attachment

7. The name and address of each incorporator is:

NAME	ADDRESS

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) _____

9. 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 Peter Duquette		Date 8/29/24
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Signature of Incorporator 	Date 8/29/24
--	-----------------

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

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:

September 10, 2024 10:09 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

