RI SOS Filing Number: 202564982550 Date: 2/14/2025 12:10:00 PM



State of Rhode Island Department of State - Business Services Division



2025 FEB 14 PM 12: 10

Articles of Association

DOMESTIC Consumers' Cooperative Association

→ Filing Fee: \$50.00

The undersigned acting as incorporator(RIGL <u>7-8</u> , and adopt the following Article			
The name of the consumers' cooper		·	
Milkshake Cooperative Co.			
2. The purpose(s) for which the associa	ation is organized:		
See Attachment A			
		Check the box to indicate an attachment	
3. The term for which the cooperative e	exists is: [CHECK ONE BOX ONLY]		
Perpetual (on-going)			
Date certain for end of existence			
4. The address of its principal office is:			
166 Valley St Bldg 6M Suite 103	Providence PL02000		
	·	March Ar Server Co.	
 The aggregate number of shares wh With Shares 	iich the association shall have the au	monty to issue is.	
Without Shares			
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	
10000	Common No Par	0	
	_		
 	_		
		<u> </u>	
The restrictions, if any, imposed upon th	e transfer of stock:		
See Attachment B			
		Check the box to indicate an attachment	

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

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BY ZNMFM

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Attachment A

This corporation is organized to engage in lawful business activities as a housing cooperative, including but not limited to providing property management services to its members, with a focus on tenant ownership, in accordance with Chapter 7-8 (Consumers' Cooperatives) of the Rhode Island General Laws.

This corporation intends to serve as:

- 1. A Consumers' Housing Cooperative under Chapter 7-8, providing services to consumer-members and ensuring equitable access and representation.
- 2. A Tenant Union and Advocacy Group, providing services to union-members and ensuring equitable access and representation.

Attachment B

Membership

Membership shall be open to eligible individuals and entities as defined in the corporation's bylaws. Membership shall consist of two blocs:

- 1. Residential Members: Individuals residing within the housing cooperative.
- Commercial Members: Individuals or entities conducting business within the housing cooperative.

Each member shall hold one membership share, and voting rights shall be based on the principle of one-member-one-vote.

Capital Stock

The cooperative shall not issue traditional equity shares. Membership shares are non-transferable and may only be redeemed by the cooperative as stipulated in the bylaws.

The cooperative may raise capital through:

- Membership dues
- Retained earnings
- Non-voting loans or grants

Board of Directors

The corporation's business and affairs shall initially be managed by a single Board Member. During this time, cooperative members shall vote directly on business decisions brought to the table by the Board Member.

Once the cooperative reaches at least 30 total members, a vote shall be held to elect a four-member Board of Directors.

The Board of Directors shall consist of:

- 1. Two directors elected from and by the residential members.
- 2. Two directors elected from and by the commercial members.

The number, qualifications, and terms of directors shall be further defined in the bylaws.

Additional Provisions

The cooperative may include additional provisions in its bylaws regarding:

- Membership qualifications and termination.
- Redemption and transfer of membership shares.

- Allocation of surplus earnings.
- Conflict resolution processes.

Amendments

Amendments to these Articles of Incorporation shall require approval by a supermajority of the membership, as defined in the bylaws, and must comply with applicable Rhode Island laws governing cooperatives.

6. The minimum number or value of shares which must be ow 1	6. The minimum number or value of shares which must be owned in order to qualify for membership is:				
7. If organized without shares, state whether the property rig which their rights shall be determined:	hts of members shall be equal,	and if unequal, the rule by			
8. The maximum amount or percentage of capital which may \$0	be owned or controlled by any	member is:			
The method by which any surplus, upon dissolution of the a Equally to all current members at the time of dissol		is.			
10. Provisions, if any, dealing with the preemptive right of sha	reholders pursuant to RIGL <u>7-1</u>	. <u>2-613</u> : (optional)			
11. Provisions, if any, for the regulation of the internal affairs of the association: (optional)					
12. The name and address of the initial registered agent/office in Rhode Island is:					
Agent Name Evan Andrews					
Street Address (NOT a P.O. Box) 60 Valley St Apt 14					
City/Town Providence	State RHODE ISLAND	Zip Code 02909			

ind the names and address of the	ne persons who are to serve
Address 60 Valley Apt 14	
State RI	Zip Code 02909
Address	· · ·
State	Zip Code
Address	
State	Zip Code
Address	
State	Zip Code
Address	
State	Zip Code
Address 60 Valley St Apt 14	
State RI	Zip Code 02909
Address	
State	Zip Code
Address	
State	Zip Code
Address	
State	Zip Code
	Address 60 Valley Apt 14 State RI Address State Address State Address

15. Signatures				
Type or Print Name of Incorporator	Date			
Evan Andrews	02/10/25			
Signature of Incorporator				
11/11/11/11				
Type or Print Name of Incorporator	Date			
Signature of Incorporator				
Type or Print Name of Incorporator	Date			
Signature of Incorporator				
Notary				
State: County:				
Rhode Island Providence				
On this 10 day of February, 20 25, before me personally appeared Eva	o M B Andrews			
(name of applicant/incorporator) being personally known to me or				
proved through satisfactory evidence of identification to be the person who signed the precedence	· ·			
my presence.				
Type or Print Name of Notary Public	REYNALDO HICIANO			
Neynaldo Miciano	ary Public - Rhode Island Notary ID 770538			
	mission Expires May 18, 2027			
Commission ID #	Commission Expiration Date			
770538	May 18 2027			
Notary				
State County:				
On this day of, 20, before me personally appeared				
(name of applicant/incorporator) being	•			
proved through satisfactory evidence of identification to be the person who signed the preced	ding or attached document in			
my presence.				
Type or Print Name of Notary Public				
Signature of Notary Public				
Commission ID #	Commission Expiration Date			

Notary		
State	County:	
	20, before me personally appeared (name of applicant/incorporator) being entification to be the person who signed the preced	personally known to me or
Type or Print Name of Notary Public		
Signature of Notary Public		
Commission ID #		Commission Expiration Date

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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 14, 2025 12:10 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

