

State of Rhode Island **Department of State - Business Services Division**

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Articles of Incorporation

DOMESTIC Non-Profit Corporation

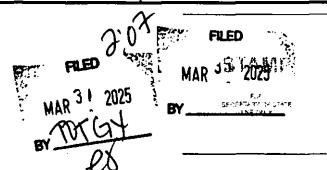
-> Filling Fee: \$35.00		
The undersigned, acting as incorporator(s) of a corporation u following Articles of Incorporation for such corporation:	nder RIGL <u>7-6-34</u> , adopt(s) the	•
1. The name of the corporation is:		
Seafare Residences Condominium Associa	ation	
2. The period of its duration is: CHECK ONE BOX ONLY		
Perpetual (on-going)		
Date certain for dissolution		
The specific purpose or purposes for which the corporation	on is amonized are:	
Condominium Homeowners Association	iii is organizou ara.	
	Check the	box to indicate an attachment
4. Provisions, if any, not inconsistent with the law, which the	•	in these Articles of Incorporation
for the regulation of the internal affairs of the corporation are) :	
	RI DOS MA	DE NON-SUBSTANTIVE EDITS
	Check the	box to indicate an attachment 🔔
5. Name and address of the initial registered agent/office in	Rhode Island is:	
Agent Name Peter Lyons		
Street Address (NOT a P.O. Box) 96 Seafare Lane		
City Portsmouth	State RHODE ISLAND	Zip Code 02871

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 200- Revised: 12/2023

The number of the initial Board of Di address of the persons who are to serv			
NAME	ADDRESS		
Peter Lyons	96 Seafare Lane, Portsmouth RI 02871		
Alexander Walsh	80 Seafare Lane, Portsmouth RI 02871		
June D. Heston	240 Southview Drive, Richmond VT 05477		
	Check the box to indicate an attachment		
7. The name and address of each inco	The state of the s		
NAME	ADDRESS		
Peter Lyons	96 Seafare Lane, Portsmouth RI 02871		
Hlexander walsh	Herander Walsh 80 Seafare Lane, Portsmith 12028;		
	Check the box to indicate an attachment		
8. Date when these Articles of Incorpor	ation 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)		
	e and affirm that I/we have examined these Articles of Incorporation, including any Il statements contained herein are true and correct.		
Type or Print Name of Incorporator	- Tolol Date		
Peter Lyons	3/14/2025		
Signature of Incorporator			
Type or Print Name of Incorporator	Date		
Alexander Walsh	3/14/2025		
Signature of Incorporator	Man		
Type or Print Name of Incorporator	Date		
Signature of Incorporator	<u></u>		

RI DOS MADE EDITS PER FILER

RI SOS Filing Number: 202568766020 Date: 3/31/2025 2:07:00 PM



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:

March 31, 2025 02:07 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

