



## Instructions for Filing

### Articles of Association for a Non-Profit Consumers' Cooperative Association

[Section 7-8](#) of the General Laws of Rhode Island, 1956, as amended

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.

All filings are public records under RIGL [38-2-1](#), et seq. This means all information is available to the public by a variety of methods including, without limitations, inspections at our office, telephone inquiries and electronically through our online database.

**This legal document should be typed. All illegible documents will be REJECTED.**

### How to complete the form:

1. State the name of the cooperative. Your entity name must be distinguishable from any name on file in this office. The name must include "cooperative." You may check [name availability](#) on our website; however, this does not ensure the name will still be available upon filing.
2. State the purpose of the cooperative. All non-profit consumers' cooperative associations **MUST** be engaged in the catching, processing, storing, transporting, marketing, and distributing of fish and other aquatic products of all kinds.
3. Check the appropriate box for the duration of the cooperative. Check "date certain for end of existence" and include a date only if there is a designated date for end of existence, otherwise, check "perpetual."
4. State the principal place of business for the cooperative.
5. Check **ONE** box **ONLY**. If the cooperative is formed with capital stock, check "with shares" and itemize the shares by class and series.
6. List the minimum number of value of shares which must be owned in order to qualify for membership.
7. If the cooperative is organized **WITHOUT** shares, state whether the property rights of members shall be equal or unequal.
8. List the maximum amount **OR** percentage of capital which may be owned or controlled by any member.
9. List the method for the surplus to be distributed upon dissolution.
10. State any additional provisions dealing with preemptive right of shareholders. *This is optional.*
11. State any additional provisions for the regulation of internal affairs of the association. *This is optional.*
12. State the name and address of the registered agent. The registered agent is an individual or entity that will accept all legal service for this entity. The agent must be a Rhode Island resident or entity qualified to do business in this state. A Rhode Island street address is required, **NOT** a P.O. Box. In addition to all legal service of process, other important correspondence from the state will be sent to this address.
13. List the names and addresses of each member of the initial board of directors.
14. State the names and addresses of each incorporator.
15. **ALL** Incorporators **MUST** sign and date the form.
16. **EACH** incorporator **MUST** sign before a Notary Public.

### How to pay the filing fee:

The filing fee is \$50, payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 for further information.

### How to confirm your filing:

Entity records are retrievable and viewable through our website. Successful filings will **NOT** result in a mailed confirmation. Filings that cannot be processed will be posted [online](#) and then returned. To confirm your submission and obtain evidence of your filing:

- Go to our [Corporate Database](#)
- Enter the name or ID number of your entity and click "Search"
- Click on the link to your entity record, scroll down, select "All Filings" and then "View Filing"
- Identify desired type of filing and click on "PDF" under "View PDF" to view and print the record



### Articles of Association

DOMESTIC Non-Profit Consumers' Cooperative Association

→ Filing Fee: \$50.00

STAMP

FOR SECRETARY OF STATE USE ONLY

The undersigned acting as incorporator(s) desire to become incorporated under the provisions of RIGL 7-7, and adopt the following Articles of Association for such association:



1. The name of the consumers' cooperative association is:		
2. The purpose(s) for which the association is organized:		
3. The term for which the cooperative exists is: <b>[CHECK ONE BOX ONLY]</b>		
<input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for end of existence _____		
4. The address of its principal office is:		
5. The aggregate number of shares which the association shall have the authority to issue is:		
<input type="checkbox"/> With Shares <input type="checkbox"/> Without Shares		
<b>Total Authorized Shares (Number of Shares)</b>	<b>Class of Stock</b>	<b>Par Value Per Share</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
The restrictions, if any, imposed upon the transfer of stock:		
Check the box to indicate an attachment		

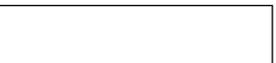
**MAIL TO:**

**Division of Business Services**

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

**Phone:** (401) 222-3040

**Website:** www.sos.ri.gov



STAMP

FOR SECRETARY OF STATE USE ONLY

6. The minimum number of value of shares which must be owned in order to qualify for membership is:		
7. If organized <b>without</b> shares, state whether the property rights of members shall be equal, and if unequal, the rule by which their rights shall be determined:		
8. The maximum amount <b>or</b> percentage of capital which may be owned or controlled by any member is:		
9. The method by which any surplus, upon dissolution of the association, shall be distributed is:		
10. Provisions, if any, dealing with the preemptive right of shareholders pursuant to RIGL <a href="#">7-1.2-613</a> : <b>(optional)</b>		
11. Provisions, if any, for the regulation of the internal affairs of the association: <b>(optional)</b>		
12. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name		
Street Address ( <u>NOT</u> a P.O. Box)		
City/Town	State <b>RHODE ISLAND</b>	Zip Code

13. The number of the initial Board of Directors is \_\_\_\_\_ and the names and address of the persons who are to serve as the initial directors are:

Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

14. The name and address of each incorporator is:

Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

Signatures	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Notary	
State: <b>RHODE ISLAND</b>	County:
On this _____ day of _____, 20 _____, before me personally appeared _____ _____ (name of applicant/incorporator) being personally known to me or proved through satisfactory evidence of identification to be the person who signed the preceding or attached document in my presence.	
Type or Print Name of Notary Public	
Signature of Notary Public	
Commission ID #	Commission Expiration Date

Notary	
State: <b>RHODE ISLAND</b>	County:
On this _____ day of _____, 20 _____, before me personally appeared _____ _____ (name of applicant/incorporator) being personally known to me or proved through satisfactory evidence of identification to be the person who signed the preceding or attached document in my presence.	
Type or Print Name of Notary Public	
Signature of Notary Public	
Commission ID #	Commission Expiration Date

Notary	
State: <b>RHODE ISLAND</b>	County:
<p>On this _____ day of _____, 20 _____, before me personally appeared _____          _____ (name of applicant/incorporator) being personally known          to me or proved through satisfactory evidence of identification to be the person who signed the preceding or attached          document in my presence.</p>	
Type or Print Name of Notary Public	
Signature of Notary Public	
Commission ID #	Commission Expiration Date

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](mailto:corporations@sos.ri.gov).



## Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. **All fields are REQUIRED.**

Name:		Date:
Proposed Entity Name:		
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number: