



Instructions for Filing

Restated Articles of Incorporation for a Domestic Non-Profit Corporation

[Section 7-6-42](#) 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:

Corporations that, in separate filings, have amended sections of the original Articles of Incorporation can use the Restated Articles to restate the entire Articles of Incorporation so that there is only one document to reference in the future.

1. List the corporation's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#).
2. List the name of the corporation. The entity name can be verified through our [Corporate Database](#).
3. Check **ONE** box and list the date the Restated Articles and/or any new amendment(s) were adopted. If applicable, briefly describe the amendment(s) to the Articles of Incorporation. If there are no amendments, check the box to indicate no amendments.
4. You **MUST** create and attach Restated Articles of Incorporation that correctly set forth without change the corresponding provisions of the Articles of Incorporation, as previously amended. The Restated Articles of Incorporation, together with the designated amendments, if any, supersede the Original Articles of Incorporation.
5. Check "Date received" unless you prefer that the restated article go into effect at a later date than when the form is received in the office. Any later date must be within 30 days of filing.
6. The President **OR** Vice President **AND** the Secretary **OR** Assistant Secretary **MUST** sign and date the form.

How to pay the filing fee:

The filing fee is \$10, 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

How to maintain your status:

The corporation is responsible for filing an annual report each calendar year, excluding the year of incorporation, between June 1 and June 30. A courtesy reminder will be mailed to the registered agent prior to June 1 of each year. Be sure to follow up with your registered agent concerning filing this report. Failure to file an annual report or maintain a registered agent/office will result in the revocation of the Articles of Incorporation pursuant to RIGL [7-6-56](#).

Your business may require additional licensing. Please visit our [website](#) for further information.



Restated Articles of Incorporation

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

STAMP

FOR SECRETARY OF STATE USE ONLY

Pursuant to the provisions of RIGL [7-6-42](#), the undersigned corporation executes the following Restated Articles of Incorporation for the purpose of restating its Articles of Incorporation, as amended, in a single instrument:



| | |
|---|------------------------------------|
| 1. Entity ID Number: | 2. The name of the corporation is: |
| 3. The Restated Articles of Incorporation and if applicable, designated amendment(s), were adopted in the following manner: CHECK ONE BOX ONLY | |
| <p>The restated articles and/or amendment(s) were adopted at a meeting of the members held on _____, at which meeting a quorum was present, and the amendment received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.</p> <p>The restated articles and/or amendment(s) were adopted by a consent in writing on _____, signed by all members entitled to vote with respect thereto.</p> <p>The restated articles and/or amendment(s) were adopted at a meeting of the Board of Directors held on _____, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.</p> | |
| Briefly describe the amendment(s), if applicable: | |
| <div style="display: flex; justify-content: space-between;"> Check the box to indicate an attachment Check the box to indicate no amendments </div> | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov



5. The attached Restated Articles of Incorporation correctly set forth without change the corresponding provisions of the Articles of Incorporation, as previously amended. The Restated Articles of Incorporation, together with the designated amendments, if any, supersede the original Articles of Incorporation.

6. Date when these Restated Article 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) _____

Under penalty of perjury, we declare and affirm that we have examined these Restated Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Corporate Name

Type or Print Name of the President **OR** Vice President

Date

Signature of President **OR** Vice President

Type or Print Name of the Secretary **OR** Assistant Secretary

Date

Signature of the Secretary **OR** Assistant Secretary



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