



Instructions for Filing

Articles of Association for a Non-Profit Producers' Cooperative Association

[Section 7-7](#) 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 producers cooperative associations **MUST** be engaged in the production of agricultural products.
3. Check the appropriate box for the duration of the cooperative. Check "date certain for end of existence" and enter 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 cooperative is formed with capital stock, check "with shares" and itemize the shares by class and series.
6. State any additional provisions agreed upon by the managers that you would like to include in the articles of association. *This is optional.*
7. List the names and addresses of each incorporator.
8. **ALL** Incorporators **MUST** sign and date the form.
9. 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 Producers' 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 association is:

2. The objects or purpose for which the association is formed:

Check the box to indicate an attachment

3. The term for which the cooperative exists is: **[CHECK ONE BOX ONLY]**

Perpetual (on-going)

Date certain for end of existence _____

4. The address of its principal office is:

5. The number of shares which the association shall have the authority to issue is:

With Shares

Without Shares

<i>Total Authorized Shares (Number of Shares)</i>	<i>Class of Stock</i>	<i>Par Value Per Share</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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6. Provisions, if any, consistent with law, for the regulation of the internal affairs of the association pursuant to RIGL [7-7-3\(6\)](#), as amended:

Check the box to indicate an attachment

7. 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

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: RHODE ISLAND	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: RHODE ISLAND	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:	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.



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: