



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

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.

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 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 the desired type of filing and click on "PDF" under "View PDF" to view and print the record.

How to maintain your status:

The entity is responsible for filing an annual report each calendar year, excluding the year of incorporation, between February 1 and May 1. A courtesy reminder will be mailed to the registered agent prior to February 1 of each year. Be sure to follow up with your registered agent concerning the filing of this report. Failure to file an annual report or maintain a registered agent/office will result in revocation proceedings.

Every entity registered with the RI Department of State - Business Services Division will have filing requirements with the [Rhode Island Division of Taxation](#), even if no business is conducted within Rhode Island for a particular year. Your business may require additional licensing. Please visit our [website](#) for further information.



Articles of Association

DOMESTIC Non-Profit Producers' Cooperative Association

→ Filing Fee: \$50.00

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

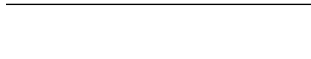
The undersigned acting as incorporator(s) desire to become incorporated under the provisions of RIGL 7-7, and adopt the following Articles of Association for such association:



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]		
<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 number of shares which the association shall have the authority to issue is:		
<input type="checkbox"/> With Shares <input type="checkbox"/> Without Shares		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
_____	_____	_____
_____	_____	_____
_____	_____	_____
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



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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

8. 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	
9. Notary Public	
State:	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:
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:
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

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: