



## Instructions for Filing

### Articles of Incorporation for a Domestic Business Corporation

[Section 7-1.2-202](#) 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.

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

#### How to complete the form:

1. State the name of the corporation. It must be distinguishable from any name on file with this office. The name must include "corporation," "company," "incorporated," "limited," or one of these abbreviations: "inc.," "co.," "corp.," or "ltd." An initial name availability check can be made on our [website](#) or by phoning our office; however, this does not ensure the name will still be available upon filing. In addition, check yes or no to indicate if this is a close corporation pursuant to RIGL [7-1.2-1701](#).
2. State the total number of shares the corporation will have the authority to issue. Incorporators may include any additional provisions relating to authorized shares in the space provided. Corporations formed with less than 75 million authorized shares shall pay the minimum filing fee of \$230.00. See RIGL [7-1.2-1602](#) for more information, or, you may contact our office.
3. State the name of the registered agent of the corporation and that agent's address during normal business hours. It must be a Rhode Island street address. In addition to all legal service of process, other important correspondence from the State will be sent to this address.
4. All Rhode Island business corporations have a perpetual (ongoing) existence until the corporation is formally dissolved with this office. All corporations are organized to conduct any lawful business.
5. State any additional provisions agreed upon by the incorporators that you would like to include in the Articles of Incorporation. *This is optional.*
6. State the names and addresses of each incorporator. The incorporator is the responsible party who forms the entity. Incorporator duties can be found in RIGL [7-1.2-201](#).
7. Check "Date received" unless you prefer that the Articles go into effect at a later date than when the form is received in this office. Any later date must be within 90 days of filing.

#### How to pay the filing fee:

The minimum filing fee is \$230, payable either in person via cash, credit card, or check at the Business Services Division, or by mail to the Business Services Division via check made payable to the R.I. Department of State.

#### 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 "Files" to view and print the record
- Filing rejections can be viewed [here](#), via the Rejected Filings Viewer on our website.

#### How to maintain your status:

The corporation is responsible for filing an annual report each calendar year, excluding the year of incorporation, between January 1 and March 1. A courtesy reminder will be mailed to the registered agent prior to January 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 and/or address may result in the revocation of the Certificate of Incorporation pursuant to RIGL [7-1.2-1310](#).

Every entity registered with the Rhode Island Department of State - Business Services Division may 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.



**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



**Articles of Incorporation  
Business Corporation**

Filing Fee: \$230.00 minimum

The undersigned acting as incorporator(s) of the corporation under [RIGL 7-1.2](#), adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:		
Is this a close corporation pursuant to <a href="#">RIGL 7-1.2-1701</a> of the General Laws, 1956, as amended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. The total number of shares which the corporation has the authority to issue is: ( <a href="#">RIGL 7-1.2-605</a> ) (Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)		
<b>Total Authorized Shares (Number of Shares)</b>	<b>Class of Stock</b>	<b>Par Value Per Share</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<p>If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of <a href="#">RIGL 7-1.2</a>. State any provisions here (<i>optional</i>):</p> <p style="text-align: right;">Check this box to indicate an attachment. <input type="checkbox"/></p>		
3. The name and address of the initial registered agent/office of the corporation is:		
Agent Name		
Street Address ( <u>NOT</u> a P.O. Box)		
City/Town	State RHODE ISLAND	Zip Code
4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with <a href="#">RIGL 7-1.2</a> .		



5. Additional provisions, if any, not inconsistent with [RIGL 7-1.2](#) which the incorporators elect to have set forth in these Articles of Incorporation:

Check this box to indicate an attachment.

6. The name and address of each incorporator is: ([RIGL 7-1.2-201](#))

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

7. Date when these Articles of Incorporation will be effective: CHECK ONLY ONE BOX

- Date received (Upon filing)
- Later effective date (Date must be no more than 90 days from the day of filing) \_\_\_\_\_

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

Signature of Incorporator	Date
Signature of Incorporator	Date
Signature of Incorporator	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).**



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## Filer Contact Information

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

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

**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.**



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Thank you for completing this form. In an effort to make corporate filing more efficient for Rhode Islanders, we are implementing new forms. This form is part of our sample population. Please take a few moments to leave feedback on how we can make it easier to do business in Rhode Island.

1. Have you filled out a corporate form from the Rhode Island Department of State before?
<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, was this form easier or more difficult to complete than forms you have previously filled out?
<input type="checkbox"/> Easier <input type="checkbox"/> More difficult <input type="checkbox"/> No change
Explain:
b. If no, how simple was this form to fill out?
<input type="checkbox"/> Very simple <input type="checkbox"/> Fairly simple <input type="checkbox"/> Fairly difficult <input type="checkbox"/> Very difficult
Explain:
2. Did you find the "pop-up" help boxes useful?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:
3. Was the language in the help boxes plain and easy to understand?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:
4. Please provide any additional feedback you have about your experience filling out this form (features you liked, suggestions for improvement, accessibility, etc.):