

# State of New Hampshire

Recording fee: \$25.00  
Use black print or type.

Form NP-1  
RSA 292:2

## ARTICLES OF AGREEMENT OF A NEW HAMPSHIRE NONPROFIT CORPORATION

THE UNDERSIGNED, being persons of lawful age, associate under the provisions of the New Hampshire Revised Statutes Annotated, Chapter 292 by the following articles:

**FIRST:** The name of the corporation shall be \_\_\_\_\_  
\_\_\_\_\_.

**SECOND:** The object/purpose for which this corporation is established is:

**THIRD:** The provisions for establishing membership and participation in the corporation are:

**FOURTH:** The provisions for disposition of the corporate assets in the event of dissolution of the corporation including the prioritization of rights of shareholders and members to corporate assets are:

**FIFTH:** The New Hampshire principal address at which the business of this corporation is to be carried on is

\_\_\_\_\_  
(no. & street) (city/town) (state) (zip code)

Principal Mailing Address (if different): \_\_\_\_\_  
(no. & street) (city/town) (state) (zip code)

Business Email: \_\_\_\_\_

\_\_\_\_ Please check if you would prefer to receive the courtesy Nonprofit Report Reminder by email.

**SIXTH:** The amount of capital stock, if any, or the number of shares or membership certificates, if any, and provisions for retirement, reacquisition and redemption of those shares or certificates are:

**SEVENTH:** Provision eliminating or limiting the personal liability of a director, an officer or both, to the corporation or its shareholders for monetary damages for breach of fiduciary duty as a director, an officer or both is (Note 1) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

**EIGHTH:** Signatures and post office address of each of the persons associating together to form the corporation: (Note 2)

<u>Signature and Name</u>	<u>Post Office Address</u>
1. _____ Signature	_____ Street
_____ Name (please print)	_____ City/Town State Zip
2. _____ Signature	_____ Street
_____ Name (please print)	_____ City/Town State Zip
3. _____ Signature	_____ Street
_____ Name (please print)	_____ City/Town State Zip
4. _____ Signature	_____ Street
_____ Name (please print)	_____ City/Town State Zip
5. _____ Signature	_____ Street
_____ Name (please print)	_____ City/Town State Zip

Notes: 1. If no provision eliminating or limiting personal liability, insert "NONE".

2. At least five signatures are required.

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

**Mailing Address - Corporation Division, NH Dept. of State, 107 N Main St, Rm 204, Concord, NH 03301-4989**  
**Physical Location - State House Annex, 3rd Floor, Rm 317, 25 Capitol St, Concord, NH**