



WASHINGTON
Secretary of State
Corporations & Charities Division

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FILED

Secretary of State
State of Washington
Date Filed: 06/27/2022
Effective Date: 06/27/2022
UBI No: 604 935 836

This Box For Office Use Only

Select one filing fee option

- ☐ Filing Fee \$80 - Default
☒ Filing Fee \$40 - Certification required (section 3)

To Expedite Filing, Add \$50

ARTICLES OF INCORPORATION
Washington Nonprofit Corporation

RCW 24.03A

All fields **REQUIRED** unless otherwise specified

(1) Do you already have a UBI No.? (Check one) ☐ Yes ☒ No If Yes, provide UBI No.: _____

If No, a new UBI No. will be issued to you upon successful completion of the filing.

(2) BUSINESS NAME: Grays Harbor Historical Alliance

For name requirements review the following RCW(s): RCW 23.95.305

Does the business have a name reserved? (Check one) ☐ Yes ☒ No If Yes, provide the Reservation Number
Reservation No.: _____

(3) GROSS REVENUE CERTIFICATION:

Per RCW 24.03A.960 does the Nonprofit certify that its total gross revenue in the most recent fiscal year was less than \$500,000? (Check one) ☒ YES ☐ NO (If Yes, the filing fee is reduced to \$40)

(4) CHARITABLE NONPROFIT CORPORATION:

Is the Nonprofit Corporation a Charitable Nonprofit as defined by RCW 24.03A.010(5)? (Check one) ☒ YES ☐ NO

(5) MEMBERS: RCW 24.03A.010(45)

Does the Nonprofit Corporation have members? (Check one) ☒ YES ☐ NO

(6) MEMBER NAME(S): (optional) attach additional pages if necessary. If names are provided section (5) will be considered as "yes"

Name: _____ Name: _____
Name: _____ Name: _____

(7) PURPOSE OF CORPORATION: Purpose for which the nonprofit corporation is organized

To facilitate and interpret the history of Grays Harbor through focusing and empowering the existing historical and cultural partners
To create an active hub, facility and funding to benefit Grays Harbors historical and cultural organizations.

(8) ANY OTHER PROVISIONS: IRS tax exempt language, attach additional pages if necessary

(9) REGISTERED AGENT:

COMMERCIAL REGISTERED AGENT: RCW 23.95.420

A Commercial Registered Agent is a business or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a business. The Commercial Registered Agent's address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one) ☐ Yes ☒ No

If Yes, provide the name of the Commercial Registered Agent: _____

The Commercial Registered Agent must sign the consent to serve below.

If No, continue below

NON-COMMERCIAL REGISTERED AGENT

A Non-Commercial Registered Agent is an individual, business, or an office or position that is not registered as a Commercial Registered Agent.

- If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
- If a **business** is serving as the Registered Agent, only provide the name of the business below.
- If an **office** or **position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

Registered Agent: John Shaw

Phone: 360-580-7840

Email: johnshaw98520@gmail.com

Registered Agent Street Address (required)
(Must be a physical address; No PO Box or PMB)

Country: United States State: Washington

Address : 819 Hillcrest

Zip: 98520 City: Aberdeen

Registered Agent Mailing Address (optional)
☐ Check if mailing address is the same as street address


Country: United States State: Washington

Address : P.O. Boc 1074

Zip: 98595 City: Westport

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

* 

Signature of Registered Agent

John Shaw

Printed Name/Title

6/1/2022

Date

(10) PERIOD OF DURATION: Check ONE of the following

☒ This Corporation shall have a perpetual duration (default) ☐ This Corporation shall have a duration of _____ years.

☐ This Corporation shall expire on _____

(11) EFFECTIVE DATE: Check ONE of the following:

☒ Date of filing ☐ Specify a date _____ (cannot be more than 90 days following received date)

(12) INITIAL BOARD OF DIRECTORS: Name and address of each initial director is required, attach additional pages if necessary.

Name: Dr Vicki Mitchell **Address:** 919 Bell Dr

City: Cosmopolis **State:** WA **Zip:** 98537

Name: Ruth Hamilton **Address:** 1411 Marion Street

City: Hoquiam **State:** 98550 **Zip:** _____

(13) DISTRIBUTION OF ASSETS:

In the event of voluntary dissolution, the net assets will be distributed as follows:

To the Grays Harbor Museum Association.

(14) RETURN ADDRESS FOR THIS FILING: *(optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

(15) INCORPORATOR INFORMATION:

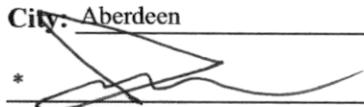
Name, address, and signature required. Attach additional sheets if necessary.

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Name: John Shaw

Address: 819 Hillcrest

City: Aberdeen **State:** WA **Zip:** 98520 **Country:** Grays Harbor

*  _____ John Shaw 6/1/2022

Signature of Incorporator

Printed Name/Title

Date

Grays Harbor Historical Alliance

Board Contacts

Ruth Hamilton
1411 Marion Street
Hoquiam, WA 98550.

Nancy Cuyle
10510 Summit Lake Rd NW
Olympia, WA 98502

Roxanne Lowe
260 W. Bonnieview Drive
McCleary, WA 98557

Dr, Vicki Mitchell
P.O.B. 1186
919 Bell Dr.
Cosmopolis, WA. 98537

Julie Smith
PO Box 1234
Westport WA 98595

John Shaw
819 Hillcrest
Aberdeen WA 98520