



# Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201  
501-682-3409 • [www.sos.arkansas.gov](http://www.sos.arkansas.gov)

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## **CHARITABLE ORGANIZATION REGISTRATION PROCESS**

### **Step 1: File Articles of Incorporation**

Arkansas Secretary of State  
Business and Commercial Services  
1401 West Capitol Avenue, Ste. 250  
Victory Building  
Little Rock, AR 72201  
501-682-3409  
TOLL FREE 888-233-0325

### **Step 2: Apply for exempt status**

*(Must have articles filed to complete Step 2)*

Internal Revenue Service  
TE/GE Division, Customer Service  
P.O. Box 2508  
Cincinnati, OH 45201  
877-829-5500

### **Step 3: Register for solicitation purposes (annual renewal)**

*(Must have IRS Tax Determination letter for Step 3)*

Arkansas Secretary of State  
Attn: Charities  
1401 West Capitol Avenue, Ste. 250  
Victory Building  
Little Rock, AR 72201  
501-683-0094  
[charities@sos.arkansas.gov](mailto:charities@sos.arkansas.gov)

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## ARTICLES OF INCORPORATION – DOMESTIC NONPROFIT

(PLEASE TYPE OR PRINT CLEARLY IN INK)

We, the undersigned, acting as incorporators of a corporation under the Act 1147 of 1993 and Arkansas Code Annotated § 4-33-202, adopt the following Articles of Incorporation of such corporation.

1. The name of the corporation: \_\_\_\_\_

2. This corporation is: (check one of the following)

Public – Benefit Corporation

Mutual – Benefit Corporation

Religious Corporation

3. Will this corporation have members?    Yes                      No

4. How will the assets be distributed upon dissolution? (Use additional pages if necessary) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Corporation's initial registered agent: \_\_\_\_\_

Name

Street Address

\_\_\_\_\_

Street Address Line 2

City, State Zip

6. Incorporator information: (Use additional pages if necessary)

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

**Optional:** You may attach any of the following if applicable to this corporation.

- The names and addresses of the initial directors
- Power of the Corporation
- The purpose for which the corporation is organized
- Other provisions as deemed necessary



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## Annual Report – Contact Information Nonprofit Corporation

PLEASE TYPE OR PRINT CLEARLY IN INK

JURISDICTION (SELECT ONE)

Domestic

Foreign

In order for this entity to receive its annual reporting form, please complete and file with the Office of the Secretary of State at the time of filing.

\_\_\_\_\_  
Entity name as used in Arkansas

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Street Address or Post Office Box Number

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

**NOTE:** Annual Reports will be due on or before August 1<sup>st</sup> the year following filing or qualification in this state.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Authorized Officer (Type or Print)