

RECEIVED
CITY CLERK'S OFFICE
NEWBURYPORT, MA

NEWBURYPORT SPECIAL EVENT APPLICATION

Tel. 617-916-8984

Fax. N/A

2023 APR 27 A 10:55

(For Street Closure or Any Use of a Public Way - Please complete page 3 of this application)

NAME OF EVENT: Paws for a Cause: Fundraiser-Dog Walk supporting The Karen Wellington Foundation for LIVING with Breast Cancer

Date: 10/14/23 Time: from 10 Am to 12 Pm

Rain Date: 10/14/23 (Saturday) Time: from 10 Am to 12 Pm

2. Location*: Clipper City Rail Trail from Washington St. to Parker St., Newburyport

*Please Note: If the location is a public park or the rail trail, please also contact the Parks Department

3. Description of Property: Clipper City Rail Trail Public Private

4. Name of Organizer: The Karen Wellington Foundation City Sponsored Event: Yes No

Contact Person Debbie Hart-Klein

Address: 2 Hamilton Way, Newburyport Telephone: 617-916-8984

E-Mail: debbie.newengland@karenwellingtonfoundation.org Cell Phone: 617-916-8984

Day of Event Contact & Phone: Debbie Hart-Klein
617-916-8984

5. Number of Attendees Expected: 75

6. MA Tax Number: Federal Id #26-3768567 (Foreign Corp. Certificate of Registration attached)

7. Is the Event Being Advertised? Yes Where? Social media, through Chamber of Commerce,

8. What Age Group is the Event Targeted to? Any with flyers around town, and possibly in the Daily News.

9. Have You Notified Neighborhood Groups or Abutters? Yes not yet No , Who? we will notify residents abutting the relevant section of the rail trail: 180, 181 and 182 High St. and 28-40 Winter St. and 33 Washington St.

ACTIVITIES: (Please check where applicable.) Subject to Licenses & Permits from Relevant City Departments

See attached description

A. Vending*: Food Beverages Alcohol Goods Total # of Vendors

*If checked, signature from Health Director required (Page 3)

B. Entertainment: (Subject to City's Noise Ordinance.) Live Music DJ Radio/CD

Performers Dancing Amplified Sound Stage

C. Games /Rides: Adult Rides Kiddie Rides Games Raffle

Other Total #

Name of Carnival Operator:

Address:

Telephone:

D. Organizer is responsible for clean-up during and after event. All trash must be collected and removed from event location immediately at the end of the event unless prior written agreement had been made with the Department of Public Services (DPS).

Will you be conducting the clean-up for this event? Yes No

If yes:

- a) How many trash receptacles will you be providing? 2
- b) How many recycling receptacles will you be providing? 2
- c) Will you be contracting for disposal of : **Trash** Yes ___ No X **Recycling** Yes ___ No X
- i. If yes, size of dumpster(s): **Trash** _____ **Recycling** _____
- ii. Name of disposal company: **Trash** _____ **Recycling** _____
- iii. If no, will you remove trash & recycling with organizers' cars or trucks? Yes ✓ No _____
- iv. If no, where will the trash & recycling be disposed ? _____

If no:

- a) # of trash container(s) to be provided by DPS _____
- b) # of recycling container(s) to be provided by Recycling Office _____

c) \$45.00/hr/DPS employee charge must be paid by the organizer to DPS in advance of the event (Fee for Special Events). The hours required for the event will be determined by DPS.

All fees must be paid prior to the event. Check or money order is payable to the City

of Newburyport. E. Portable Toilets: (Each cluster of portable toilets must include at least one ADA accessible toilet)

_____ Standard # _____ ADA accessible

Name of company providing the portable toilets: _____

FOR STREET CLOSURE OR ANY USE OF A PUBLIC WAY

PARADE _____

ROAD RACE _____

WALKATHON Dog Walk

1. Name of the Group or Person Sponsoring the Road Race, Parade, Walkathon:
The Karen Wellington Foundation for Living with Breast Cancer

2. Name, Address & Daytime Phone Number of Organizer: _____
Debbie Hart-Klen
2 Hamilton Way, Newburyport
617-916-8984

3. Name, Address & 24/7 Telephone Number of Person Responsible for Clean Up _____
Same as above

4. Date of Event: 10/11/23 Expected Number of Participants: 75

5. Start Time: 10 AM (staggered start Expected End Time: 12 PM
times every half hour from 10-11:30)

6. Road Race, Parade or Walkathon Route: (List street names & **attach map of route**): _____
Entire event on Clipper City Rail Trail from Washington St to Parker St.
(see attached map)

7. Locations of Water Stops (if any): See attached map for approximate station locations

8. Will Detours for Motor Vehicles Be Required? No If so, where? _____

9. Formation Location & Time for Participants: Start on Rail Trail at Washington St., with start
times staggered every 30 mins. from 10-11:30

10. Dismissal Location & Time for Participants: End on
Rail Trail at Parker St at noon.

11. Additional Parade Information:
- Number of Floats: N/A
 - Locations of Viewing Stations: N/A
 - Are Weapons Being Carried: Yes _____ No X
 - Are Marshalls Being Assigned to Keep Parade Moving: Yes _____ No X

APPROVAL SIGNATURES REQUIRED FOR STREET CLOSURE OR ANY USE OF A PUBLIC WAY

CITY MARSHAL <u>[Signature]</u> 4 Green St. DEPUTY DIRECTOR <u>[Signature]</u> 16A Perry Way HEALTH DIRECTOR <u>[Signature]</u> 60 Pleasant St. (only needed when Food & Beverage Vendors are included in the event)	FIRE CHIEF <u>AC Brady</u> 0 Greenleaf St. CITY CLERK <u>[Signature]</u> 60 Pleasant St.
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Newburyport Special Event Application

Attachment to Application for October 14, 2023 Paws for a Cause:

A Dog Walk Supporting the Karen Wellington Foundation for LIVING with Breast Cancer

Activities and Map

Our planned event is a dog walk along the Rail Trail from Washington Street to Parker Street in Newburyport with “stations” along the way, including:

1. Registration (at the start and possibly midway for anyone who joins elsewhere)
2. Dog Treats and water (multiple locations)
3. Raffle (*we are submitting a separate permit application*)
4. Photographers
5. Karen Wellington Foundation information and branded items
6. Refreshments (at the end)

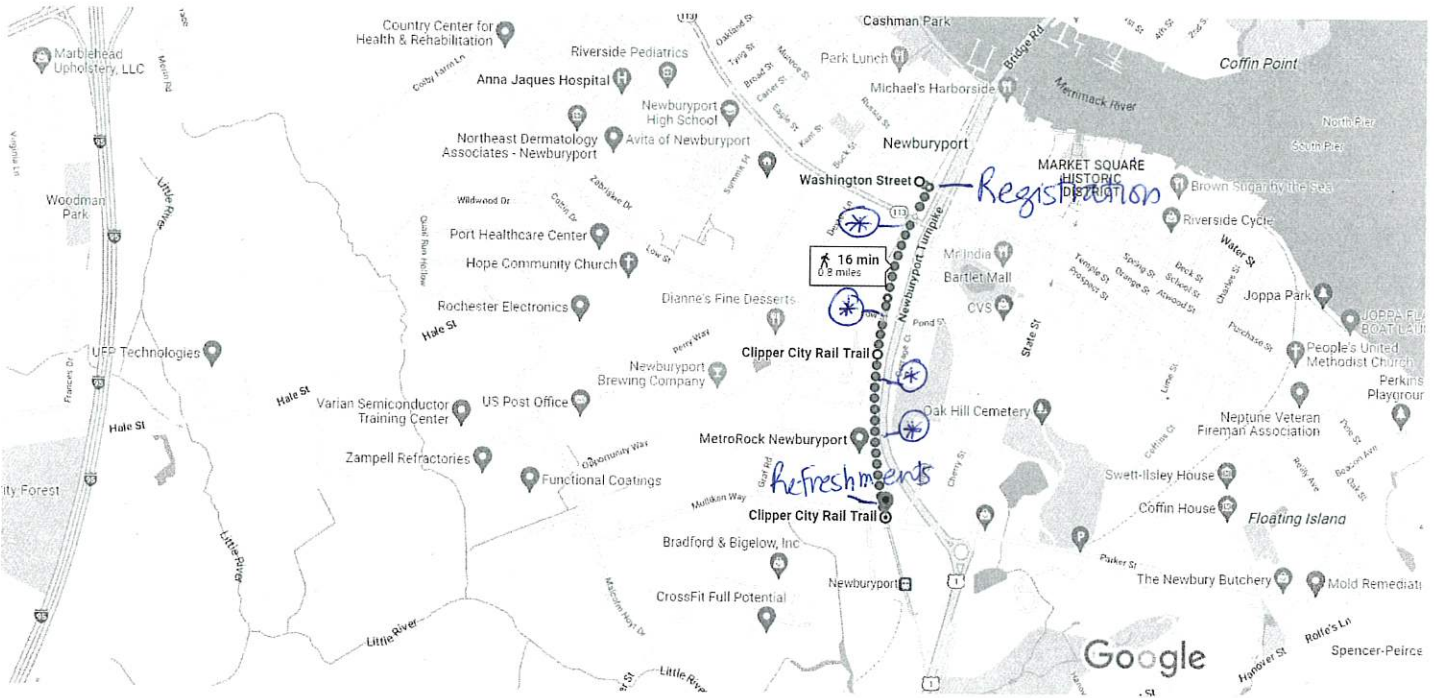
The approximate locations of stations along the route are marked on the attached map. In addition to the beginning and end, they are:

- bottom of the steps from High St
- end of the ramp from High St.
- entrance from Low St
- near one or two of the benches or sculptures between Low St. and Parker St.
- Alchemist Garden

Google Maps

Washington St, Newburyport, MA 01950 to Clipper City Rail Trail, Newburyport, MA 01950

Walk 0.8 mile, 16 min



Map data ©2023 Google 1000 ft



via Clipper City Rail Trail

16 min

0.8 mile

Mostly flat

DEPARTMENT APPROVAL (for Committee Member use only):

It will be necessary for you to obtain permits or certificates from the following Departments: Please note that costs for some City support services during an event are an estimate only. Some Departments may forward an invoice for services rendered at the completion of the event, and others may require advance payment.

Approval
Required

Date: _____ Signature _____

- ____ 1. Special Events: _____
- ____ 2. Police: _____
Is Police Detail Required: _____ # of Details Assigned: _____
- ____ 3. Traffic, Parking & Transportation: _____
- ____ 4. ISD/Health: _____
- ____ 5. Recycling: _____
- ____ 6. ISD/Building: _____
- ____ 7. Electrical: _____
- ____ 8. Fire: _____
Is Fire Detail Required: _____ # of Details Assigned: _____
- ____ 9. Public Works: *Fee for Special Events: \$45/hr/DPS employee for trash handling/staging etc. may apply*
Yes: \$ _____ due on _____ No Fee for Special Events applies
Other requirements/instructions per DPS _____
- ____ 10. Parks Department: _____
- ____ 11. License Commission _____

The departments listed above have their own application process.
Applicants are responsible for applying for and obtaining all required
permits & certificates from the various individual departments

Sec. 13-97. - Road races, walkathons, bicycle and other multidisciplined events.

(a) *Short title.* This section may be cited as the "road races, walkathons and bicycle events."

(b) *Purpose and intent.* The use of city streets and sidewalks for the purpose of road races, walkathons or bicycle tours are positive events that promote exercise, general good health and Newburyport as a destination. These events do from time to time create hardships, impacting neighborhoods and traffic. To create a balance between conflicting interests, by safeguarding participants, residents, visitors and the City of Newburyport, this section will define and codify the procedure for the benefit of all.

(c) *Definitions.*

(1) *Road race.* A competitive or non-competitive running event that utilizes the streets, sidewalks and/or crosses over streets or sidewalks within city limits and in which an entry fee is required or charitable donation is solicited or suggested.

(2) *Walkathon.* A competitive or non-competitive walk event that utilizes the streets, sidewalks and/or crosses over streets or sidewalks within city limits and in which an entry fee is required or charitable donation is solicited or suggested.

(3) *Bicycle race.* A competitive or non-competitive bicycling event that utilizes the streets, sidewalks and/or crosses over streets or sidewalks within city limits and in which an entry fee is required or charitable donation is solicited or suggested.

(4) *Multidisciplined event.* A competitive or non-competitive event requiring or offering running, walking, biking, swimming or any combination thereof in which an entry fee is required or a charitable donation is solicited or suggested.

(5) *Event.* Any road race, walkathon, bicycle race, multi-disciplined event as defined above.

(d) *Limitations.*

(1) *Procedure.* All events shall, through that event's organizer, board of directors, charity foundation or designee ("organizer") apply for city council authorization to hold the event through the office of the city clerk no later than sixty (60) days before the event's proposed date. There shall be a grace period through December 31, 2017, during which applications will be accepted beyond the prescribed due date. Prior to application with the city council, the event shall file and receive approval from all applicable city departments, boards, and commissions. Copies of such approved applications, including along with documentation of any fees, donations, in-kind donations paid as part of said application(s), shall be included as part of the city council application.

The date of application is the date a completed application is submitted to the city clerk's office and stamped by the same. The city clerk, upon review of the completed form, will place the application on the next regular city council agenda, even if such submission is a late file. Upon following the procedures of the council, as deemed appropriated in the sole judgment of the council, the application will be considered approved if the council votes favorably by majority. The application shall name one (1) person responsible on the application and shall provide contact information to include name, address, email address, and telephone number.

(2) *Exemptions.* Each event organizer or organization shall comply with this ordinance and no exemptions will be permitted.

(3) *Course map.* All applications shall be accompanied by a legible, precise course map showing the event route, water stops, refreshment stops, and so-called "port-a-potties". The course map shall also include any road closures, detours and parking areas. The course map shall be approved by police, fire, department of public services, parks commission and harbor masters departments prior to submission to the city clerk.

(4) *Electronic amplifier.* Electronic amplifiers, loudspeakers and bullhorn use shall be requested at time of application. Under no circumstances will they be used for public address announcements or music before 8:00 a.m., except for Sundays when electronic amplifiers, loud speakers or bullhorns will not be used for public address announcements or music before 9:00 a.m.

(5) *Road closure.* No ways, public or private, boat ramps or parking lots controlled or patrolled by the city shall be closed without authorization. Authorization shall be considered granted only if said closure(s) are contained in the approved permit. It is the sole responsibility of the race organizers to notify residents fourteen (14) days in advance that neighborhood roads will be closed if no alternate route is available to those residents. Notification shall be made by race organizers by informational packet drop-off at all residences that may be impacted, including, but not limited to, road closures, restricted driveway access, parking restrictions, or noise. In the case of multi-family residences with so-called security doors, notification will be sufficient at said security door. A copy of the notification shall be provided to the city clerk and, when possible, posted on the city website and distributed via email. Further,

a list of all streets notified shall be provided to the city clerk to be date stamped and appended to the application record. Press releases and other media type notifications are encouraged.

(6) *Insurance.* All events shall have an insurance policy or rider in effect for the event naming the "City of Newburyport" as an additional insured. The policy shall be no less than two million dollars (\$2,000,000.00).

(7) *Event termination.* If in the judgment of the city marshal, fire chief or department of public services (DPS) director or designees thereof determine that an event is unsafe due to existing conditions, that event may be stopped, terminated or suspended. In the case of a multidiscipline event such as a triathlon, the harbormaster or his/her designee may likewise stop, terminate or suspend the swimming portion for cause.

(8) *Event and traffic security.* The city marshal, fire chief, DPS director or in the case of a triathlon, the harbormaster can require special duty personnel to assist in the organizing and coordinating the safety and security of the event. All special duty assignments will be paid by the event organizers.

(9) *Clean-up.* The event organizers shall be responsible for post event trash collection, removal of signage, directional arrows, advertisements or other promotional material associated with the event.

10) *Parking.* The event organizers shall be responsible for including parking instructions in materials disseminated to event participants. If the event is happening within one-half mile of municipal parking, then participants shall be asked to park at such parking facilities.

(11) *Notification of previous event organizers.* To the extent reasonably possible, the city clerk shall notify all event organizers from events held from 2014—2016, inclusive, by a one-time phone, email, or letter of the new application timeline and other requirements.

(12) *Simplification.* Departments are encouraged to unify their respective applications into a singular application, managed and distributed by the city clerk's office.

(13) *Americans with Disabilities Act.* Event organizers are reminded of the importance of and expectation of adherence to the Americans with Disabilities Act of 1990 (42 U.S.C § 12101) and subsequent applicable amendments.

(e) *Enforcement.*

(1) *Regulations.* Consistent with this section, the city shall promulgate regulations to enforce and otherwise implement the provisions of this section upon passage by the city council. Any event previously approved by city council shall be deemed permitted.

(2) *Warning.* In the circumstance that this section is violated, the enforcement may consist of a warning. Any warnings issued for violation(s) will be reported to the city clerk and city council and may be used as a factor in future application approvals and denials.

(3) *Noncriminal disposition.* If the city determines that a violation has occurred in which a noncriminal violation is issued, the named event organizer shall be penalized by a non-criminal disposition as provided in Massachusetts General Law as adopted by the City of Newburyport as a general ordinance in section 1-17 of chapter 1 of the Code or Ordinances of the City of Newburyport in the amounts set herein in subsection (e)(4) below.

(4) *Violation.* The non-criminal violation shall be one hundred dollars (\$100.00) for the first offense and two hundred fifty dollars (\$250.00) for second and subsequent offenses. Any non-criminal citations issued for violation(s) will be reported to the city clerk and city council and shall be used as a factor in future application approvals and denials.

(5) *Failure to notify.* If the event fails to notify residents and provide documentation to the city clerk, pursuant to subsection (d)(5) above, shall render that organization ineligible to receive an event permit for a period of twelve (12) months unless special leave is granted by two-thirds supervote of the city council.

I fully understand and agree to all the terms set forth in this application. The information that I have provided is truthful and accurate. I accept all responsibility related to this event.

Signed: _____



Date: _____

4/5/23

**F
FPC**

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

**Foreign Corporation
Certificate of Registration**
(General Laws, Chapter 156D, Section 15.03; 950 CMR 113.48)

(1) Exact name of the corporation, including any words or abbreviations indicating incorporation:

The Karen Wellington Memorial Foundation for Living with Breast Cancer

(2) Name under which the corporation will transact business in the commonwealth that satisfies the requirements of G.L. Chapter 156D, Section 15.06:

The Karen Wellington Memorial Foundation for Living with Breast Cancer Corporation

If applicable, please attach:

- an agreement to refrain from use of the unavailable name in the commonwealth; and
- a copy of the doing business certificate filed in the city or town where it maintains its registered office; and
- a copy of the resolution of the corporation's board of directors, certified by its secretary, the name under which the corporation will transact business in the commonwealth pursuant to 950 CMR 113.50(4).

(3) Jurisdiction of incorporation: Ohio

Date of incorporation: November 21, 2008 Duration if not perpetual: _____
(month, day, year)

(4) Street address of principal office: 312 Walnut St., Suite 1800, Cincinnati, OH 45202
(number, street, city or town, state, zip code)

(5) Street address of registered office in the commonwealth: 63 Rangeley Rd., Chestnut Hill, MA 02467
(number, street, city or town, state, zip code)

Name of registered agent in the commonwealth at the above address: Debbie Hart-Klein

I, Debbie Hart-Klein

registered agent of the above corporation consent to my appointment as registered agent pursuant to G. L. Chapter 156D, Section 5.02.*

(6) Fiscal year end: December 31

(month, day)

(7) Brief description of the corporation's activities to be conducted in the commonwealth:

Charitable purposes to raise money for women living with breast cancer.

(8) Names and business addresses of its current officers and directors:

NAME

BUSINESS ADDRESS

President: Please see attached list officers and Board Members

Vice-president:

Treasurer:

Secretary:

Assistant secretary:

Director(s):

Attach certificate of legal existence or a certificate of good standing issued by an officer or agency properly authorized in the jurisdiction of organization. If the certificate is in a foreign language, a translation thereof under oath of the translator shall be attached.

This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date of filing is specified: _____

THE KAREN WELLINGTON MEMORIAL FOUNDATION FOR LIVING WITH BREAST CANCER

Officers

Name	Address
Kent Wellington, President	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
Zand Walters, Vice President	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
Michael Chasnoff, Treasurer	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
Lisa Farrell, Secretary	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464

Board Members

Name	Address
Kent Wellington, Chair	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
Michael Chasnoff, Treasurer	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
Zand Walters, Vice Chair	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
Dee Dirksing	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
Randy Drosick, MD	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
Lisa Farrell, Secretary	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
Michael Holder	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
David Laug	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464

Name	Address
David Leurck	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
Steve Perez, MD	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
Michelle Jones	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
Peg Ruppert	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464
Elizabeth Somers	312 Walnut Street, Suite 1800 Cincinnati, OH 45202 Phone: (513) 621-6464

Signed by:

Kent Wellington

(signature of authorized individual)

- Chairman of the board of directors,
- President,
- Other officer,
- Court-appointed fiduciary,

1726

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show THE KAREN WELLINGTON MEMORIAL FOUNDATION FOR LIVING WITH BREAST CANCER, an Ohio not for profit corporation, Charter No. 1819890, having its principal location in Cincinnati, County of Hamilton, was incorporated on November 21, 2008 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of May, A.D. 2017.

Jon Husted

Ohio Secretary of State

Validation Number: 201713601796

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of May, A.D. 2017.

Ohio Secretary of State

Jon Husted

Validation Number:

201713601798



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/24/2008	200832601360	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

GRAYDON HEAD & RITCHEY LLP
 ATTN:STEPHANIE KABAT
 511 WALNUT ST.
 CINCINNATI, OH 45202

STATE OF OHIO
CERTIFICATE
 Ohio Secretary of State, Jennifer Brunner

1819890

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE KAREN WELLINGTON MEMORIAL FOUNDATION FOR LIVING WITH BREAST CANCER
 and, that said business records show the filing and recording of:

Document(s)
DOMESTIC ARTICLES/NON-PROFIT

Document No(s):
200832601360



Witness my hand and the seal of
 the Secretary of State at Columbus,
 Ohio this 21st day of November,
 A.D. 2008.

Jennifer Brunner



Prescribed by:

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: buseerv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43218 <small>** Requires an additional fee of \$100 **</small>
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43218

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit)

Filing Fee \$125.00

RECEIVED

NOV 21 2008

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

<input type="checkbox"/> (1) Articles of Incorporation Profit (113-ARF) ORC 1701	<input checked="" type="checkbox"/> (2) Articles of Incorporation Nonprofit (114-ARN) ORC 1702	<input type="checkbox"/> (3) Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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SECRETARY OF STATE

Complete the general information in this section for the box checked above.

FIRST: Name of Corporation The Karen Wellington Memorial Foundation for LIVING With Breast Cancer

SECOND: Location CINCINNATI HAMILTON
(City) (County)

Effective Date (Optional) _____
(mm/dd/yyyy) Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.

Check here if additional provisions are attached

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

The purpose of the corporation includes helping to improve the quality of life of people battling cancer and to engage in any other lawful act or activity for which nonprofit corporations may be formed under Section 1701.01 to 1701.98 of the Ohio Revised Code. Continued on Exhibit A.

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)

_____	_____	_____
<small>(No. of Shares)</small>	<small>(Type)</small>	<small>(Par Value)</small>

(Refer to Instructions if needed)

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as Initial Directors.

(Name) _____

(Street) _____ *NOTE: P.O. Box Addresses are NOT acceptable.*

(City) _____ (State) _____ (Zip Code) _____

(Name) _____

(Street) _____ *NOTE: P.O. Box Addresses are NOT acceptable.*

(City) _____ (State) _____ (Zip Code) _____

(Name) _____

(Street) _____ *NOTE: P.O. Box Addresses are NOT acceptable.*

(City) _____ (State) _____ (Zip Code) _____

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See Instructions)

Robert Kenneth Wellington II

Authorized Representative

Robert Kenneth Wellington II
(print name)

11/20/08

Date

Authorized Representative

(print name)

Date

Authorized Representative

(print name)

Date

Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of The Karen Wellington Memorial Foundation for LIVING with Breast Cancer hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

Robert Kenneth Wellington II
(Name)
1900 Fifth Third Center, 511 Walnut Street
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
Cincinnati, Ohio 45202
(City) (Zip Code)

Must be authenticated by an authorized representative

Robert Kenneth Wellington II
Authorized Representative

11/20/08
Date

Robert Kenneth Wellington II

Authorized Representative

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, Robert Kenneth Wellington II, named herein as the

Statutory agent for, The Karen Wellington Memorial Foundation for LIVING With Breast Cancer, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Robert Kenneth Wellington II
(Statutory Agent)
Robert Kenneth Wellington II

**ARTICLES OF INCORPORATION
OF
KAREN WELLINGTON FOUNDATION
FOR LIVING WITH BREAST CANCER**

ARTICLE THIRD CONTINUED:

Notwithstanding the foregoing, said corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the corporation shall inure to the benefit of or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purpose set forth in this Article. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or to the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation or the winding up of its affairs, assets shall be distributed to an organization exempt from federal income tax under Code Section 501(c)(3) at the time of such distribution, and, if not, shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

Foreign Corporation
Certificate of Registration
(General Laws, Chapter 156D, Section 15.03; 950 CMR 113.48)

0151

I hereby certify that upon examination of this foreign corporation certificate, duly submitted to me, it appears that the provisions of the General Laws relative thereto have been complied with, and I hereby approve said certificate; and the filing fee in the amount of \$ 400 having been paid, said certificate is deemed to have been filed with me this 18 day of May, 2017, at 12:43 a.m./(p.m.)
time

1289293

Effective date: _____

(must be within 90 days of date submitted)
William Francis Galvin

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Filing fee: \$400

SECRETARY OF THE
COMMONWEALTH OF MASSACHUSETTS
CORPORATION DIVISION
2017 MAY 19 11:12:43

SB
Examiner
Barry
Name approval

TO BE FILLED IN BY CORPORATION
Contact Information:

Kyle Black

Graydon Head & Ritchey LLP

312 Walnut St., Suite 1800, Cincinnati, OH 45202

Telephone: (513) 629-2725

Email: kblack@graydon.law

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Special Event Permit Application of The Karen Wellington Foundation for LIVING with Breast Cancer Paws
for a Cause Dog Walk – October 14, 2023

Attached is the insurance rider from our event last year, naming the City of Newburyport as an insured.

Our insurance carrier has explained that it is too early to add this rider for the 2023 event, but that they will do so when the policy is renewed in September.

We will submit the updated rider to the City Clerk's office to add to this application as soon as possible.

Thank you.

Debbie Hart-Klein, KWF New England Chapter Leader

