

Filing Fee: \$50.00

ID Number: \_\_\_\_\_



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**NON-PROFIT CORPORATION**

**APPLICATION FOR CERTIFICATE OF AUTHORITY**

Pursuant to the provisions of Section 7-6-74 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is IA Bankruptcy Counseling, Inc

2. It is incorporated under the laws of Massachusetts

3. The date of its incorporation is 09/09/2011

4. The address of its principal office in the state or country under the laws of which it is incorporated is:  
31 Fuller Pond Drive, Middleton, MA 01949

5. The address of its proposed registered office in Rhode Island is 222 Jefferson Blvd., Suite 200  
(Street Address, *not* P.O. Box)

Warwick, RI 02888  
(City/Town) (Zip Code)

and the name of its proposed registered agent in Rhode Island at that address is Registered Agent Solutions, Inc.  
(Name of Agent)

6. The specific purpose or purposes which it proposes to pursue in conducting its affairs in Rhode Island are:  
IA strives to strengthen the financial future of our communities through the provision of bankruptcy counseling and education services, as approved by the Executive Office of United States Trustees (EOUST)

**FILED**

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7. The names and respective addresses of its directors and officers are:

	<u>NAME</u>	<u>ADDRESS</u>
Director	<u>Kevin Weeks</u>	<u>PO Box 972, Middleton, MA 01949</u>
Director	<u>Joseph Stasio Jr.</u>	<u>PO Box 972, Middleton, MA 01949</u>
Director	<u>William Crafty</u>	<u>PO Box 972, Middleton, MA 01949</u>
President	<u>Kevin Weeks</u>	<u>PO Box 972, Middleton, MA 01949</u>
Vice President	_____	_____
Treasurer	_____	_____
Secretary	_____	_____

8. This application is accompanied by certified copies of its articles of incorporation and all amendments thereto, duly authenticated by the secretary of state or other authorized officer of the jurisdiction of its incorporation.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 6/8/2011

1A Bankruptcy Counseling, Inc.  
Print Exact Name of Corporation Making Application

By [Signature]  
 President or  Vice President (check one)

AND  
By [Signature]  
 Secretary or  Assistant Secretary (check one)



**William Francis Galvin**  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

**June 7, 2011**

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

**1A BANKRUPTCY COUNSELING, INC.**

is a domestic corporation organized on **April 4, 2011 (Chapter 180)**.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,

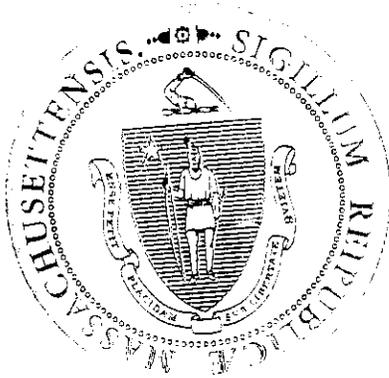
I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth



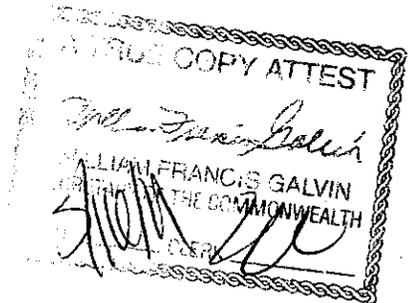
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THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

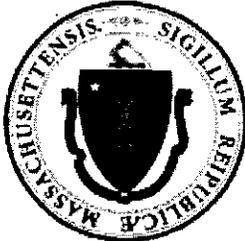
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*William Francis Galvin*

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*



**The Commonwealth of Massachusetts**  
**William Francis Galvin**

Minimum Fee: \$35.00

Secretary of the Commonwealth, Corporations Division  
One Ashburton Place, 17th floor  
Boston, MA 02108-1512  
Telephone: (617) 727-9640

**Articles of Organization**

(General Laws, Chapter 180)

**Federal Employer Identification Number:** 451444148 (must be 9 digits)

**ARTICLE I**

The exact name of the corporation is:

1A BANKRUPTCY COUNSELING, INC.

**ARTICLE II**

The purpose of the corporation is to engage in the following business activities:

THE INTENT OF THIS CORPORATION IS TO PROVIDE CREDIT, DEBT AND BANKRUPTCY COUNSELING AND EDUCATION AS DEFINED IN SECTION 4A OF CHAPTER 180. THE CORPORATION MAY ENGAGE IN ANY OTHER CIVIC, EDUCATIONAL OR BENEVOLENT PURPOSE PERMITTED CORPORATIONS UNDER MASSACHUSETTS GENERAL LAWS, CHAPTER 180, AS NOW IN EFFECT OR HEREAFTER AMENDED.

**ARTICLE III**

A corporation may have one or more classes of members. If it does, the designation of such classes, the manner of election or appointments, the duration of membership and the qualifications and rights, including voting rights, of the members of each class, may be set forth in the by-laws of the corporation or may be set forth below:

NONE

**ARTICLE IV**

Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows:  
(If there are no provisions state "NONE")

NO PART OF THE NET EARNINGS OF THE CORPORATION SHALL INURE TO THE BENEFIT OF ANY MEMBER, DIRECTOR, OFFICER OR OTHER PRIVATE PERSON; EXCEPT THAT REASONABLE COMPENSATION MAY BE PAID FOR SERVICES RENDERED TO IT FOR THE CORPORATION, AND NO MEMBER, OFFICER OR DIRECTOR SHALL BE ENTITLED TO SHARE IN THE DISTRIBUTION OF ANY CORPORATE ASSETS UPON DISSOLUTION OF THE CORPORATION. NO SUBSTANTIAL PART OF THE ACTIVITIES OF THE CORPORATION SHALL BE THE PROMOTION OF PROPAGANDA, OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION (EXCEPT AS OTHERWISE PROVIDED BY INTERNAL REVENUE CODE) OR PARTICIPATING IN, OR INTERVENING IN, (INCLUDING PUBLICATION OR DISTRIBUTION OF STATEMENTS), ANY POLITICAL CAMPAIGN ON BEHALF OF ANY CANDIDATE FOR PUBLIC OFFICE. UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE DISTRIBUTED

**FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION (501) (C3) OF THE INTERNAL REVENUE CODE OR 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.**

*Notes: The preceding four (4) articles are considered to be permanent and may only be changed by filing appropriate Articles of Amendment.*

**ARTICLE V**

The by-laws of the corporation have been duly adopted and the initial directors, president, treasurer and clerk or other presiding, financial or recording officers, whose names are set out on the following page, have been duly elected.

**ARTICLE VI**

The effective date of organization of the corporation shall be the date approved and filed by the Secretary of the Commonwealth. If a *later* effective date is desired, specify such date which shall not be more than *thirty days* after the date of filing.

**ARTICLE VII**

The information contained in Article VII is not a permanent part of the Articles of Organization.

**a. The street address (post office boxes are not acceptable) of the principal office of the corporation in Massachusetts is:**

No. and Street: 31 FULLER POND DRIVE  
 City or Town: MIDDLETON State: MA Zip: 01949 Country: USA

**b. The name, residential street address and post office address of each director and officer of the corporation is as follows:**

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	KEVIN WEEKS	31 FULLER POND DRIVE MIDDLETON, MA 01949 USA PO BOX 972 MIDDLETON, MA 01949 USA	12/31/2012
TREASURER	JOSEPH STASIO JR.	37 FAIRVIEW AVE SWAMPSCOTT, MA 01907 USA PO BOX 972 MIDDLETON, MA 01949 USA	12/31/2012
CLERK	WILLIAM CRATTY	339 OLD FARM ROAD HANOVER, MA 02339 USA PO BOX 972 MIDDLETON, MA 01949 USA	12/31/2012
DIRECTOR	KEVIN WEEKS	31 FULLER POND DRIVE MIDDLETON, MA 01949 USA PO BOX 972 MIDDLETON, MA 01949 USA	12/31/2012

**c. The fiscal year (i.e., tax year) of the business entity shall end on the last day of the month of:**  
 December

**d. The name and business address of the resident agent, if any, of the business entity is:**

Name:  
 No. and Street:  
 City or Town: State: Zip: Country:

**I/We, the below signed incorporator(s), do hereby certify under the pains and penalties of perjury that I/we have not been convicted of any crimes relating to alcohol or gaming within the past ten years. I/We do hereby further certify that to the best of my/our knowledge the above-named officers have not been similarly convicted. If so convicted, explain:**

**KEVIN WEEKS JOSEPH STASIO JR. WILLIAM CRATTY**

**IN WITNESS WHEREOF AND UNDER THE PAINS AND PENALTIES OF PERJURY, I/we, whose signature(s) appear below as incorporator(s) and whose name(s) and business or residential address (es) beneath each signature do hereby associate with the intention of forming this business entity under the provisions of General Law, Chapter 180 and do hereby sign these Articles of Organization as incorporator(s) this 4 Day of April, 2011. (If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)**

**KEVIN WEEKS PO BOX 972 MIDDLETON MA 01949 JOSEPH STASIO JR. PO BOX 972  
MIDDLETON MA 01949 WIL**



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

