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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615
www.sos.ri.gov

FILED

APR 16 2013

2013 APR 16 AM 10:52
SECRETARY OF STATE
CORPORATIONS DIV

BUSINESS CORPORATION

BY 195263

ARTICLES OF INCORPORATION

ALL 10:52am

The undersigned acting as incorporator(s) of a corporation under Chapter 7-1.2 of the General Laws of Rhode Island, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is BLUE ANGEL EDUCATION INCORPORATED

(This is a close corporation pursuant to §7-1.2-1701 of the General Laws, 1956, as amended.) (Strike if inapplicable.)

2. The total number of shares which the corporation has the authority to issue is:

(a) If only one class: Total number of shares 1000

or

(b) If more than one class: Total number of shares of each class

A statement of all or any of the designations and the powers, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them, which are permitted by the provisions of Chapter 7-1.2 of the General Laws, 1956, as amended, in respect of any class or classes of shares of the corporation and the fixing of which by the articles of association is desired, and an express grant of the authority as it may then be desired to grant to the board of directors to fix by vote or votes any of them that may be desired but which is not fixed by the articles:

3. The address of the initial registered office of the corporation is:

1342 DOUGLAS AVE (Street Address, not P.O. Box)

No. Providence, RI 02904 and the name of its initial registered agent at (City/Town) (Zip Code)

such address is MONICA, L. DELESTRE (Name of Agent)

4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with Chapter 7-1.2.

5. Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.

6. Additional provisions, if any, not inconsistent with Chapter 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

7. The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
<u>MONICA L. DELESTRE</u>	<u>201 DEAN RIDGE CT. CRANSTON RI 02920.</u>
<u>CHARLES W. DELESTRE</u>	<u>201 DEAN RIDGE CT. CRANSTON RI 02920</u>

8. These Articles of Incorporation shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: April 16 - 2013

Monica L. Delestre
Charles W. Delestre

Signature of each Incorporator

Rhode Island Board of Governors
for Higher Education
The Shepard Building
80 Washington Street Suite 524
Providence, Rhode Island 02903

Telephone 401-456-6000
Facsimile 401-456-6028
TDD 401-456-6027

March 6, 2013

Ms. Monica L. Delestre
201 Dean Ridge Ct.
Cranston, RI 02920

Dear Ms. Delestre:

This letter is in response to your letter of December 5, 2012, requesting an exemption from the Rhode Island Office of Higher Education *Regulations Governing Institutions of Higher Education Operating in Rhode Island* (January 23, 2006) for a Phlebotomy School located in Rhode Island. Your letter stated the following:

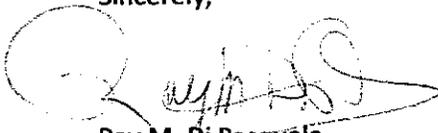
- the cost of the program will be \$ 1,000.
- the students will complete 84 hours of course work.
- the students will receive a Certificate of Completion Technician 1 CPT 1 upon passing a final instructional written exam and a final practice exam and required National Phlebotomy exam.

So far as the conditions delineated above remain true, your program falls under one of the exemptions outlined in the Rhode Island Office of Higher Education regulations. Therefore, I am granting you an exemption from the Rhode Island Office of Higher Education. If these conditions should change, please contact my office immediately. Please note that this exemption is granted with the understanding that you do not use the word "college" or "university" in your business's title.

Also, please provide this office with the specific location of your school and a copy of the approval of the facility by the Rhode Island Department of Health.

Please contact Dr. Judith A. Brissette (401) 456-6011;jbrissette@ribghe.org, if you have any questions regarding this matter.

Sincerely,



Ray M. Di Pasquale
Commissioner

cc: Deborah Grossman-Garber





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

