



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$35.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Articles of Incorporation**

(Chapter 7-6-34 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the corporation is Parent Advocates for Appropriate Education RI

ARTICLE II

The period of its duration is Perpetual

ARTICLE III

The specific purpose or purposes for which the corporation is organized are:

Advocating for children with special needs

ARTICLE IV

Provisions, if any, not inconsistent with the law, which the incorporators elect to set forth in these articles of incorporation for the regulation of the internal affairs of the corporation are:

ARTICLE V

The street address (post office boxes are not acceptable) of the initial registered office of the corporation is:

No. and Street: 104 RIVERSIDE DRIVE

City or Town: WAKEFIELD

State: RI

Zip: 02879

The name of its initial registered agent at such address is JOANNA SCOCCHI

ARTICLE VI

The number of directors constituting the initial Board of Directors of the Corporation is 3
and the names and addresses of the persons who are to serve as the initial directors are:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	JOANNA SCOCCHI	104 RIVERSIDE DRIVE WAKEFIELD, RI 02879 USA
DIRECTOR	KATHRYN OBRIEN	257 BENEFIT STREET PROVIDENCE, RI 02903 USA
DIRECTOR	SUZANNE ARENA	88 LAKELAND ROAD CRANSTON, RI 02910 USA

ARTICLE VII

The name and address of the incorporator is:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	JOANNA SCOCCHI	104 RIVERSIDE DRIVE WAKEFIELD, RI 02879 USA

ARTICLE VIII

Date when corporate existence is to begin 04/08/2015

(not prior to, nor more than 30 days after, the filing of these Articles of Incorporation)

Signed this 8 Day of April, 2015 at 4:35:29 PM by the incorporator(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

Enter signature(s) below.

JOANNA SCOCCHI

KATHRYN OBRIEN

SUZANNE ARENA

Form No. 200
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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 blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

