



State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 APR - 1 PM 12: 25

Articles of Incorporation
Non-Profit Corporation
Filing Fee: \$35.00

The undersigned, acting as incorporator(s) of a corporation under RIGL 7-6-34, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:		
Hope Medical Foundation Inc.		
2. The period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
3. The specific purpose or purposes for which the corporation is organized are:		
To provide health screening and medication to the needy, improving the health of the poor in West Africa, and throughout the world. We will provide medical care and medical supplies, clothing and food to the people in the area we serve.		
Check the box to indicate an attachment. <input type="checkbox"/>		
4. 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:		
Check the box to indicate an attachment. <input type="checkbox"/>		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Name Ephraim Jacob		
Street Address (NOT a P.O. Box) 1171 Main Street Suite B, P.O. Box 425		
City Wyoming	State RHODE ISLAND	Zip Code 02898

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By C 9566122

[Signature]

6. The number of the initial Board of Directors of the Corporation is **3** (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:

NAME	ADDRESS
Ephraim Jacob BA, MBA	1171 Main Street Suite B, Wyoming RI 02898
Elizabeth Jacob RN, BSN	120 Arcadia Road Hope Valley RI 02832
Peace Jacob BS, MHA	120 Arcadia Road Hope Valley RI 02832

Check the box to indicate an attachment.

7. The name and address of each incorporator is:

NAME	ADDRESS
Ephraim Jacob	1171 Main Street Suite B, P.O. Box 425 Wyoming RI 02898

Check the box to indicate an attachment.

8. Date when these articles will be effective: **CHECK ONLY ONE BOX**

- Date received (Upon filing)
- Later effective date (Date must be no more than 30 days from the day of 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.

Signature of Incorporator 	Type or Print Name of Incorporator Ephraim Jacob	Date March 31, 2016
Signature of Incorporator	Type or Print Name of Incorporator	Date
Signature of Incorporator	Type or Print Name of Incorporator	Date

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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

