

 State of Rhode Island and Providence Plantations

 Department of State - Business Services Division

 148 W. River Street, Providence, Rhode Island 02904-2615

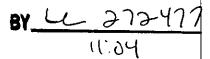
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2016 APR 18 AM 11: 04

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

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

1. The name of the corporation is:			
Aime J Forand Tenants Association			
2. The period of its duration is: CHECK ONLY ONE BOX			
Perpetual (on-going)			
Date certain for dissolution			
3. The specific purpose or purposes for which the corporation is o	rganized are:		
To assist Elderly and Disabled Tenants, and be able to have different even	ents throughout the year.		
Check box for attachment			
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 box for attachment 5. Name and address of the initial registered agent/office in Rhod	o folgod is:		
S. Name and address of the initial registered agenizonice in Knod			
Mary L Melillo			
Street Address (<u>NOT</u> a P.O. Box) 11 Forand Circle apt B			
City	State	Zip Code	
Johnston	RHODE ISLAND	02919	
		FILED	



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6. The number of the initial Board of Directors of the Corporation is <u>4</u> (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:			
NAME	ADDRESS		
Mary L Melillo	11 B Fornad Circle Johnston, RI 02919		
Janice Grande	23 B Forand Circle Johnston, RI 02919		
Natalie Cardinal	21 B Forand Circle Johnston, RI 02919		
Beverly Williams	12 C Forand Circle Johnston, RI 02919		
If more space is required, please list on se	parate attachment.	Check box for attachment	
7. The name and address of each incorporator is:			
NAME	ADDRESS		
Mary L Melillo	11 Forand Circle Johnston, RI 02919		
If more space is required, please list on separate 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	Date	
MALLA MODUMENT HERE	Mary L. Melillo	4-14-16	
Signature of Incorporator	Type or Print Name of Incorporator	Date	
SIGN DOCUMENT HERE			
Signature of Incorporator	Type or Print Name of Incorporator	Date	
SIGN DOCUMENT HERE			

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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

