



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 APR 27 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:		
Day Break Outreach Ministries		
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:		
Substance Abuse, Domestic Violence, And displacement of women. To teach and train women how to become the leaders that their community needs. To Reunite Families		
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		
Rhonda L. Wright		
Street Address (NOT a P.O. Box)		
1700 Wampanoag Trail Apt 8		
City	State	Zip Code
Riverside R.I.	RHODE ISLAND	02915

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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
Rhonda Wright	1200 Wampanoag Trail, Riverside R.I.
Horrieta Thornton	14 Beacon St, Central Falls R.I.
Myrna Ratchford	53 Sussex St, Providence R.I.

02915
R.I.
02863
02908

Check the box to indicate an attachment.

7. The name and address of each incorporator is:

NAME	ADDRESS
Rhonda Wright	1200 Wampanoag Trail, Riverside R.I.

02915

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 <i>Rhonda L. Wright</i> SIGN DOCUMENT HERE	Type or Print Name of Incorporator Rhonda L. Wright	Date 1/27/16
Signature of Incorporator SIGN DOCUMENT HERE	Type or Print Name of Incorporator	Date
Signature of Incorporator SIGN DOCUMENT HERE	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

