



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
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Articles of Incorporation
DOMESTIC 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: Valiant Studios: Home of Heavenly Praises		
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: A place where individuals can dance, create, express, and feel at ease. Valiant Studios will allow individuals to expand their knowledge of holistic dance and dancing to create. <div style="text-align: right;">Check the box to indicate an attachment. <input type="checkbox"/></div>		
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: <div style="text-align: right;">Check the box to indicate an attachment. <input type="checkbox"/></div>		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Name Claude Michelle Aubourg		
Street Address (NOT a P.O. Box) 50 Henrietta st apt # 5		
City Providence	State RHODE ISLAND	Zip Code 02904

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 200 - Revised: 2016

6. The number of the initial Board of Directors of the Corporation is <u>3</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
Claude Michelle Aubourg	50 Henrietta st apt #5 Providence, R.I. 02904
Ebone Walker	128 Penn Street apt #1 Providence, R.I. 02909
Jennifer Guzman	96 Phenix Ave, Cranston, R.I. 02900
Check the box to indicate an attachment. <input type="checkbox"/>	
7. The name and address of each incorporator is:	
NAME	ADDRESS
Claude Michelle Aubourg	50 Henrietta st apt #5 Providence, R.I. 02904
Check the box to indicate an attachment. <input type="checkbox"/>	
8. Date when these articles will be effective: CHECK ONLY ONE BOX	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> 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.	
Type or Print Name of Incorporator	Date
Claude Michelle Aubourg	6/7/16
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
Signature of Incorporator SIGN DOCUMENT HERE	