State of Rhode Island and Providence Plantations

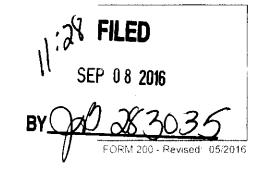
State of Rhode Island and Providence Plantations Department of State - Business Services	s Division	28 SEC. 11.0
Articles of Incorporation DOMESTIC Non-Profit Corporation		
→ Filing Fee: \$35.00		W Hd T
The undersigned, acting as incorporator(s) of a corporation u following Articles of Incorporation for such corporation:	inder RIGL <u>7-6-34,</u> adopt(s) the	e [
1. The name of the corporation is:		
GIRLS God Is Real Life Salvation		
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	n is organized are:	
Provide in house services to Female War Veterans the saffording them proper treatment and reintegration into sexpand the opportunities available to residents to allow To expand opportunities available to residents to obtain rehabilitating existing structures to provide safe housing	the community. v reintegration into their resp in adequate, low-cost housin	pective communities.
	Check the	box to indicate an attachment.
 Provisions, if any, not inconsistent with the law, which the for the regulation of the internal affairs of the corporation are 	•	in these articles of incorporation
	Check the	box to indicate an attachment. □
5. Name and address of the initial registered agent/office in	Rhode Island is:	
Name Julie C. Ferrarini		
Street Address (<u>NOT</u> a P.O. Box) 33 Calder Street, Suite 1		
City Providence	State RHODE ISLAND	Zip Code 02907

RHODE ISLAND

MAIL TO:

Division of Business Services 148 W. River Street Providence Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



address of the persons who are to serv		
NAME	ADDRESS	
Julie C Ennis (Disabled Veteran)	33 Calder Street, Suite 1 Providence RI 02907	
Stefanie DiMaio-Larivee, Esq.	215 Broadway St. Providence RI 02903	
Victor P. Ferrarini, PE	5 Cyr Court West warwick RI 02893	
	Check the box to	indicate an attachment.
7. The name and address of each incor		
NAME	ADDRESS	
Julie C Ferrarini	33 Calder Street, Suite 1 Providence RI 02907	
	Check the box t	o indicate an attachment. 🗌
8. Date when these articles will be effect	ctive: CHECK ONLY ONE BOX	
✓ Date received (Upon filing) ☐ Later effective date (Date must be	no more than 30 days from the day of filing)	·
	e and affirm that I/we have examined these Articles hat all statements contained herein are true and correct.	of Incorporation, including
Type or Print Name of Incorporator		Date
Julie C. Ferrarini	_	08/24/2016
Signature of Incorporator	Linain	
Type or Print Name of Incorporator		Date
Signature of Incorporator		
		Date

Title: Design Descriptments for ManCafety Delated Items in Colomic Colomon I Areas

Minor Rev: N/A