

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETERY.	OF STATE
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Articles of IncorporationDOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

2016 SEP 13 PM 2: 52

		I
The undersigned, acting as incorporator(s) of a corporation useful following Articles of Incorporation for such corporation:	inder RIGL <u>7-6-34</u> , adopt(s) th	e
1. The name of the corporation is: Friends 0	F Alexander	Kollie
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 of the c	rebuild Libe	box to indicate an attachment.
4. 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 box to indicate an attachment.
5. Name and address of the initial registered agent/office in		
Name Alexander Kollie		
Street Address (NOT a P.O. Box) 70 Frederick Street	2	
City	State RHODE ISLAND	Zip Code OZ916

MAIL TO:

Division of Business Services

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

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

SEP 13 2016 BY Com 2834

FORM 200 - Revised: 05/2016

The number of the initial Board of Directoraddress of the persons who are to serve as				less than 3 dir	rectors) and	the names and	
NAME	ADDRE						
Mr. David Valladolid	83	Haml	in Str	eet Cra	uston.	RI 02907	
Mrs. Beth Valladolid	11	11		[]	11	1 (
Mr. Alexander Brown	58	Sand	Tum	Road,	West Ko	ngston pl	
Mr. Konah Ballah	42		nt Stre	et, Crom	shn RI	07910	
			С	heck the box to	indicate an a	attachment.	
7. The name and address of each incorpora							
NAME	ADDRE	:SS					
Hexander Kollie	20	Frederic	1 Stree	et, Run	aford 1	21 02916	
Alexander Brown	58	Sand -	Turn	Road, W	ost lang	shn, Bozsa	
Kollic Bryant	41	Elena	1	Month P	_	02904	
							
				Check the box to	o indicate an	attachment.	
8. Date when these articles will be effective	CHECK	K ONLY ONE BO					
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 as any accompanying attachments, and that a					of Incorporati	ion, including	
Type or Print Name of Incorporator					Date	,	
Alexander tollie	- <u> </u>				9/1	10/16	
Signature of Incorporator	Zigi	adominati	man party grow and				
()	<u> (S</u>	Koll	<u>e</u>				
Type or Print Name of Incorporator		1/6	70/		Date	A	
Alexander Bro	un	Marie	yu		91	10/16	
Signature of Incorporator	SiGN	I DOCUMEN	THERE				
Type or Print Name of Incorporator	lau	J.			Date 9 1	10/16	
Signature of Incorporator	SIE	W BOD					

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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

