



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$35.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Articles of Incorporation**

(Chapter 7-6-34 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the corporation is ISLAND FOR ISLAND: SUPPORTING ORPHANS & SCHOOL CHILDREN IN ST VINCENT

**ARTICLE II**

The period of its duration is  Perpetual

**ARTICLE III**

The specific purpose or purposes for which the corporation is organized are:

A FUNDRAISER AND COLLECTION OF ITEMS FOR ST. BENEDICT'S DAY NURSERY AND CHILDRENS HOME.

COME AND ENJOY A DRINK AND A BITE TO SUPPORT THE CHILDREN OF ST. VINCENT.

ST. BENEDICT'S HAS BEEN A HOME FOR CHILDREN WHOM HAVE NOWHERE TO GO, OR

WHOS PARENTS ARE

UNFIT OR UNWILLING TO CARE FOR THEM. THE HOME AND SCHOOL IS RUN BY SISTER

NYRA PAJOTTE FOR THE

PAST 30 YEARS HELPING CHILDREN WITH DISABILITIES, AIDS, AND CHIDLREN WHOM

ARE LEFT ON HER

DOORSTEP.

ALONG WITH HER STAFF SISTER NYRA PROVIDES A SIMPLE, CLEAN HOME, ALL MEALS,

AND CLOTHING FOR THE

CHILDREN. BABIES AS YOUNG AS THREE MONTHS, TO YOUNG ADULTS WHOM ARE STILL LIVING AT ST.

BENEDICTS DUE TO MENTAL OR PHYSICAL DISABILITIES PREVENTING THEM FROM BEING ABLE TO CARE FOR

THEMSELVES. THE ON-SITE SCHOOL SERVICES CHILDREN IN THE LOCAL AREA, AS WELL AS THOSE LIVING AT

ST. BENEDICTS CHILDREN'S HOME. THE TUITION FEES FOR THE SCHOOL CHILDREN

HELP TO KEEP THE HOME  
AFLOAT, BUT IT IS NEVER QUITE ENOUGH.

WE WILL COLLECT ITEMS, SUCH AS NEW OR GENTLY USED SHEETS, CLOTHING AND  
BASIC FOOD STAPLES TO  
THEN BE SHIPPED TO ST. VINCENT. ALL FUNDS RAISED WILL PROVIDE PAYMENT FOR

THE TRANSPORT VIA  
CONTAINER SHIP AND PROCESSING THROUGH CUSTOMS UPON ARRIVAL. A TEAM  
OF  
VOLUNTEERS ON THE  
GROUND WILL TRANSPORT THE SUPPLIES TO ST. BENEDICTS AND ASSIST IN  
UNLOADING AND ORGANIZING.

THESE SUPPLIES WILL GREATLY RELEASE THE FINANCIAL STRESS ON SISTER NYRA,  
ALLOWING FOR ISSUES OF  
UNDERSTAFFED AND UNDERPAID CHILDCAREERS AND TEACHERS TO BE REMEDIED.

#### ARTICLE IV

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:

#### ARTICLE V

The street address (post office boxes are not acceptable) of the initial registered office of the corporation is:

No. and Street: 356 HIGH STREET  
BOX 1136

City or Town: BLOCK ISLAND

State: RI

Zip: 02807

The name of its initial registered agent at such address is CARIONA E. CORCORAN

#### ARTICLE VI

The number of directors constituting the initial Board of Directors of the Corporation is 3  
and the names and addresses of the persons who are to serve as the initial directors are:

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	CARIONA E CORCORAN	P.O. BOX 1136 BLOCK ISLAND, RI 02807 USA
DIRECTOR	KAYLAN TRANSUE	P.O. BOX 1558 BLOCK ISLAND , RI 02807 USA
DIRECTOR	BAIN TRANSUE	P.O. 1558 BLOCK ISLAND , RI 02807 USA

#### ARTICLE VII

The name and address of the incorporator is:

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	CARIONA E CORCORAN	P.O. BOX 1136 BLOCK ISLAND, RI 02807 USA

**ARTICLE VIII**

Date when corporate existence is to begin 09/14/2016

(not prior to, nor more than 30 days after, the filing of these Articles of Incorporation)

**Signed this 14 Day of September, 2016 at 11:02:39 AM by the incorporator(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

**Enter signature(s) below.**

CARIONA CORCORAN

Form No. 200  
Revised 09/07

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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*

