



2016 OCT 14 AM 11:58

Articles of Incorporation

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

The undersigned, acting as incorporator(s) of a corporation ufollowing Articles of Incorporation for such corporation:	under RIGL <u>7-6-34,</u> adopt(s) th	ne	
1. The name of the corporation is The Alarie Fac	endation		
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	on is organized are:		
tendricing for Jaxon Alarie's medical			
helds and equipments care etc. due to his			
fundraizing for Jaxon Alarie's medical heads and equipments care, etc. due to his genetic syndrone Cornelia de Lange (cdcs)			
		box to indicate an attachment.	
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. 5. Name and address of the initial registered agent/office in Rhode Island is:			
Name Enka Manzo			
Street Address (NOT a P.O. Box) 12 Varson Street			
City	State RHODE ISLAND	Zip Code 02920	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FORM 200 - Revised: 05/2019

The number of the initial Board of Direct address of the persons who are to serve a	ors of the Corporation is (not less than 3 di s the initial directors are:	irectors) and the names and	
NAME	ADDRESS		
Adriama Fargnoli	131 Chaseway Suite 4 Fuzak	ethtown, Ky 42701	
Erita Manzo	12 Varson Street Cranston		
Jason Alarie	4 Randall Road North From		
7. The name and address of each incorpora		indicate an attachment.	
NAME	ADDRESS		
Enka Manzo	12 Varson Freet Crastin P	4 (2920	
O Data when the an adiabas will be off or		o indicate an attachment.	
8. Date when these articles will be effective	CHECK ONLY ONE BOX	<u>_</u>	
Date received (Upon filing)			
Later effective date (Date must be no r	more than 30 days from the day of filing)	<u> </u>	
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	
Errka Manzo		10/7/16	
Signature of Incorporator Wanzo	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		

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

