

6. The number of the initial Board of Directors of the Corporation is 3 (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:

NAME	ADDRESS
Faith Torres	297 Grove Street PRW
Nicholas Gelfuso	69 Clay Street CF
Patricia Rivera	78 Whitmarsh St PRW

Check the box to indicate an attachment.

7. The name and address of each incorporator is:

NAME	ADDRESS
Faith Torres	297 Grove St

Check the box to indicate an attachment.

8. Date when these articles will be effective: CHECK ONLY ONE BOX

- 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 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 12/9/16

Signature of Incorporator Faith Torres
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



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

