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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Articles of Incorporation
DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

The undersigned, acting as incorporator(s) of a corporation under RIGL 7-6-34, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:		
New Nations Ministry		
2. The period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
3. The specific purpose or purposes for which the corporation is organized are:		
<p>purposes for dysfunctional families & single mother homes / Homeschooling needs & Circumcise & Academic & Biblical Base Addressing Families & Family Teaching from Biblical Base</p>		
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. <input type="checkbox"/>		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Name Faith Torres		
Street Address (NOT a P.O. Box) 247 Grove Street		
City PROV	State RHODE ISLAND	Zip Code 02904

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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By KL 290461

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FORM 200 - Revised: 05/2016

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	<u>Faith Torres</u>	Date	<u>12/9/16</u>
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Signature of Incorporator

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:

Nellie M. Gorbea
Secretary of State

