



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS. SVCS. DIV.
2017 JAN 26 AM 9:26

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: THE WISDOM INSTITUTE		
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: THE CORPORATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES, WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE Code. <div style="text-align: right;">Check the box to indicate an attachment. <input type="checkbox"/></div>		
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: <div style="text-align: right;">Check the box to indicate an attachment. <input type="checkbox"/></div>		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Name GAIL E. CAVANAUGH		
Street Address (NOT a P.O. Box) 119 ARMISTICE BOULEVARD		
City PAWTUCKET	State RHODE ISLAND	Zip Code 02860

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

JAN 26 2017

By **294142**

FORM 200 - Revised: 05/2016

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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
GAIL CAVANAUGH	119 ARMISTICE BLVD PAWTUCKET RE 02860
SEAN DANIELS	333 WESTMINSTER STREET PROV. RI 02903
Tommi Lyn Freeman	25 Robert H. Douglas Lane Newport RE 02840

Check the box to indicate an attachment. ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
GAIL CAVANAUGH	119 ARMISTICE BLVD PAWTUCKET RI 02860

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 GAIL E. CAVANAUGH	Date 1/19/17
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Signature of Incorporator *Gail E. Cavanaugh* SIGN DOCUMENT HERE

Type or Print Name of Incorporator	Date
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Signature of Incorporator SIGN DOCUMENT HERE

Type or Print Name of Incorporator	Date
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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

