



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

## 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:

RECEIVED STATE  
R.I. DEPT. OF STATE  
BUS. SERVICES DIV.  
2011 JAN 26 AM 9:26

1. The name of the corporation is:

TRUE VINE CHURCH OF GOD

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 is organized are:

THE CORPORATION IS ORGANIZED AND OPERATED  
EXCLUSIVELY FOR CHARITABLE AND RELIGIOUS PURPOSES,  
WITHIN THE MEANING OF SECTION 501(C)(3) OF THE  
INTERNAL REVENUE CODE.

Check the 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

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](http://www.sos.ri.gov)

FILED

JAN 26 2011

BY

294142

9.26

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 RI 02860
SEAN DANIELS	333 WESTMINSTER STREET PROVIDENCE RI 02903
TOMMILYN FREEMAN	25 Robert H. Douglas Lane Newport RI 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	Date
GAIL CAVANAUGH	1/19/17

Signature of Incorporator	SIGN DOCUMENT HERE
<i>Gail E. Cavanaugh</i>	

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