State of Rhode Island and Providence Plantations **Department of State - Business Services Division** 2017 MA Articles of Incorporation DOMESTIC Non-Profit Corporation \rightarrow 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: MisioNerA 1 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: Help the Community Provide advice and spritual help for a better future 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 Street Address (NOT a P.O. Box) State Zip Code RHODE ISLAND 02860 FILED MAIL TO: FILE **Division of Business Services** MAY 16 2017 148 W River Street Providence Rhode Island 02904-2615 Phone: (401) 222-3040 MAY 16 2 Website: www.sos.ri.gov

FORM 200 - Revised: 05/2016

6. The number of the initial Board of Direct address of the persons who are to serve a	
NAME	ADDRESS
Elis - A-montero	
Aleyshra Geraldine	42 PArker st Central Falls
irís otero otero	329 webster Ar Cranston BI 02920
	Check the box to indicate an attachment.
7. The name and address of each incorpo	prator is:
NAME	ADDRESS
Elis - A- montero	18 A InterFAITCH terrace, #18 Framinghom 0170.
Joel Ching	329 webster Ar Granston RL
	Check the box to indicate an attachment.
8. Date when these articles will be effectiv	re: CHECK ONLY ONE BOX
Date received (Upon filing) 5//6	
Later effective date (Date must be no	o 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 $E/S - A - WDSV$	Date 5/16/17
Signature of Incorporator	SIGN DECUMENT HERE
	Monleig
Type or Print Name of Incorporator	Date
Signature of Incorporator	SIGN DOCUMENT HERE 5/16/17
Type or Print Name of Inserporator	Date
Signature of Incorporator	SIGN DOCUMENT HERE

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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:

May 16, 2017 11:46 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

