



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

2017 MAY 16 PM 3:18  
R.I. DEPARTMENT OF STATE  
BUSINESS DIV

**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 hope church of christ for all Nations

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:  
to help the orphans to fund a new family and to help the poor, homeless fund the shelter to live and to tell the world the good news about our Lord Jesus christ. 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 Camesuse Gabriel

Street Address (NOT a P.O. Box) 458 public St

City <u>providence</u>	State <u>RHODE ISLAND</u>	Zip Code <u>02907</u>
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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** ✓  
MAY 16 2017  
BY CA 303821  
3:18

6. The number of the initial Board of Directors of the Corporation is 04 (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:

NAME	ADDRESS
CAMEAUZE Gabriel	458 Public St prov RI 02907
Ahemy Mondestin	136 Volturno St, North Providence, RI 02904
POLOGNE Charles	22 Meader St Providence RI 02909
Alison Gabriel	458 Public St Providence RI 02907

Check the box to indicate an attachment.

7. The name and address of each incorporator is:

NAME	ADDRESS
Victoire Mondesin	57 Health Ave prov RI 02908
Patricia Janvier	57 Health Ave prov RI 02908
Rev JACKIE EUGENE	10 CHAUCER ST PROV RI 02908
Christa Gabriel	458 Public St prov RI 02907

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 <b>VICTOIRE MONDESIN</b>	Date <b>5/16/17</b>
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Signature of Incorporator <i>Victoire Mondesin</i>	SIGN DOCUMENT HERE
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Type or Print Name of Incorporator <b>REV. JACKIE EUGENE Marie J. Eugene</b>	Date <b>5/16/17</b>
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Signature of Incorporator <i>Christa Gabriel</i>	SIGN DOCUMENT HERE <i>Christa Gabriel</i>	Date <b>5/16/17</b>
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Type or Print Name of Incorporator <b>Patricia Janvier</b>	Date <b>5/16/17</b>
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Signature of Incorporator <i>Patricia Janvier</i>	SIGN DOCUMENT HERE
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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 03:18 PM

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*

