RI SOS Filing Number: 201744850270 Date: 6/6/2017 11:23:00 AM



## **Articles of Incorporation**

**DOMESTIC Business Corporation** 

→ Filing Fee: \$230.00 minimum



The undersigned acting as incorporator(s) of the corporation under RIGL <u>7-1.2-202</u>, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:		<del></del>	
Joy Home Care, Inc.			
Is this a close corporation pursuant to R	IGL <u>7-1.2-1701</u> of the General Lav	ws, 1956, as amended? 🗸 Yes 🔲 No	
The total number of shares which the con (Unless otherwise stated, all authorized stated)			
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	
800		no par value	_
			-
If you desire, you may include a statement of voting rights, and the qualifications, limitations State any provisions here (optional):			- ⊐
3. The name and address of the initial regis	stered agent/office in Rhode Island	l is:	
Agent Name Rosely Bencosme			
Street Address (NOT a P.O. Box) 5 Burnsio	de Street		
City/Town Providence	State RHODE	ISLAND Zip Code 02905	
4. The corporation has the purpose of enga or terminated in accordance with RIGL 7-1.		hall have perpetual existence until dissolve	d

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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FORM 100 - Revised: 07/2016

<ol><li>Additional provisions, if any, not inconsistent Articles of Incorporation:</li></ol>	t with RIGL <u>7-1.2</u> which the incorp	orators elect to have set forth in these		
none				
	C	heck the box to indicate an attachment. 🔲		
6. The name and address of each incorporato	r is:			
Name Rosely Bencosme	Address 5 Burnsid	Address 5 Burnside Street		
City/Town Providence	State RI	Zip Code <b>02905</b>		
Name	Address			
City/Town	State	Zip Code		
Name	Address			
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation wi	II be effective: CHECK ONLY ON	E BOX		
✓ Date received (Upon filing)				
Later effective date (Date must be no mor	re than 90 days from the day of fil	ing)		
Under penalty of perjury, I/we declare and affin accompanying attachments, and that all staten				
Type or Print Name of Incorporator		Date		
Rosely Bencosme		April 25, 2017		
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	· · · · · · · · · · · · · · · · · · ·		

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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:

June 06, 2017 11:23 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

