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

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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: LOVE WORKS

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 Spread love through education and volunteering.

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 Cynthia J. Lopez

Street Address (NOT a P.O. Box) 2450 Hartford ave

City	State	Zip Code
Johnston	RHODE ISLAND	02919

MAIL TO:
Division of Business Services
148 W. River Street Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY C17266102

A.A. 4:04pm.

6. The number of the initial Board of Directors of the Corporation is 4 **(not less than 3 directors)** and the names and address of the persons who are to serve as the initial directors are:

NAME	ADDRESS
Cynthia J Lopez	2450 Hartford ave Johnston RI 02919
Douglas A. Lopez	2450 Hartford ave Johnston RI 02919
Douglas E. Lopez	2450 Hartford ave Johnston RI 02919
Noah A. Lopez	2450 Hartford ave Johnston RI 02919

Check the box to indicate an attachment. ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
Cynthia J. Lopez	2450 Hartford ave Johnston RI 02919

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
Cynthia J Lopez	7/10/17

Signature of Incorporator: Cynthia Lopez 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

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:

July 10, 2017 04:04 PM

Nellie M. Gorbea
Secretary of State