

Articles of IncorporationDOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

The undersigned, acting as incorporator(s) of a corporation under RIGL $\underline{7-6-34}$, adopt(s) the following Articles of Incorporation for such corporation:

R.I. DEPT. OF STATE BUS SVCS DIV

| 1. The name of the corporation is: MINISTERIO AVIVAMIENTO DE | 1 Poder de | Dios |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|
| | | |
| 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 | n is organized are: | |
| | | . |
| Helping Common | ities to st | of drug abuse |
| and alcohitic. | | |
| | Check the I | box to indicate an attachment. |
| 4. Provisions, if any, not inconsistent with the law, which the for the regulation of the internal affairs of the corporation are | · | in these articles of incorporation |
| | | |
| | | |
| | | |
| | Check the | oox to indicate an attachment. |
| 5. Name and address of the initial registered agent/office in | Rhode Island is: | |
| Name | <u> </u> | |
| MAXIMO RAMIREZ K | odRigue≥ | |
| Street Address (NOT a P.O. Box) 828 BROAS ST AP# 3 | | |
| City PRO VioleNEE | State RHODE ISLAND | Zip Code 02907 |
| | | |

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

NOV 0 6 2017

FORM 200 - Revised: 05/2016

| The number of the initial Board of Direct address of the persons who are to serve a | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| NAME | ADDRESS |
| MAXIMO RAMIREZ | 828 Broods AP # 3 Providence |
| ETIMENC ELISEE | 828 BROAd AP # 3 PROVidence |
| ON 41 do Adames | 706 PRARIEAVE APER, PROVIDENCE |
| Hector Adames | 706 Praide Am Apt 2, Pros. denu, CF0790 |
| | Check the box to indicate an attachment. |
| 7. The name and address of each incorpor | |
| NAME D O o o | ADDRESS |
| Naximo R. Rochiguez | 828 Broad St Aft #3, Prividence, LI 02907 |
| Hechr Adames. | 706 Praide Am Apt 2, providence 17090 |
| | |
| | |
| | Check the box to indicate an attachment. |
| 8. Date when these articles will be effective | e: CHECK ONLY ONE BOX |
| Date received (Upon filing) | more than 30 days from the day of filing) |
| | |
| | and affirm that I/we have examined these Articles of Incorporation, including all statements contained herein are true and correct. |
| Type or Print Name of Incorporator | Date |
| Maximo Ram | 18ez Rodrigues 1/1/6/17 |
| Signature of Incorporator | |
| Malino Kom | is Kedling |
| Type or Print Name of Incorporator | Date , |
| | 11/6/17 |
| Signature of Incorporator | |
| · | |
| Type or Print Name of Incorporator | Date ///6/17 |
| Hector Adam | nes. 111617 |
| Signature of incorporator | |