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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV

2017 DEC 22 AM 9: 56

Articles of Incorporation

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

The undersigned, acting as incorporator(s) of a corporation unfollowing Articles of Incorporation for such corporation:	nder RIGL <u>7-6-34</u> , adopt(s) the		
1. The name of the corporation is:	_		
AMERICAN ALTERNATIVE ME	EDICINE ACCES	۲ .	
7,7,7,2,6,6,1,0			
2. The period of its duration is: CHECK ONLY ONE BOX			
Perpetual (on-going)			
Date certain for dissolution			
The specific purpose or purposes for which the corporation is organized are:			
To give Americans Access to ALTERNATIVE MEDICINES			
 			
	_		
		pox to indicate an attachment.	
4. Provisions, if any, not inconsistent with the law, which the incorporators efect to set forth in these articles of incorporation			
for the regulation of the internal affairs of the corporation are:			
i			
		!	
	Check the I	oox to indicate an attachment. 🔲	
5. Name and address of the initial registered agent/office in Rhode Island is:			
Name	·		
JAMES K SEAPLES			
Street Address (NOT a P.O. Box)			
681 BEDADWAY			
City PROVIDENCE	State RHODE ISLAND	Zip Code 0 2 9 0 9	

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 C DEC 22 2017 9:56

BY Cr 3204/2

FORM 200 - Revised 05/2016

6. The number of the initial Board of Director address of the persons who are to serve as	ors of the Corporation is (not less than 3 dir s the initial directors are:	ectors) and the names and
NAME	ADDRESS	
JAMES K. SEARLES	681 BRODOWAY PRINDENCE	E, R.T. 02909
PETER J. LUCIANO	691 BRODOWAY PROVIDENCE	·
	1006 RESERVOIR AVE CRAN.	STUNCE 02910
SAMNANG TENG		
	 	indicate an attachment.
7. The name and address of each incorpora		
NAME	ADDRESS	
JAMES K SEARLES	681 BELADWAY PROVIDE	ENCE RE 02909
	Check the box to	o 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 i	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
TAMES K SEA	Q2LES	12/22/17
Signature of Incorporator	LEAN OF MENT HERE	
Type or Print Name of Incorporator		Date
Signature of Incorporator	SIGN BOOK MENT HERE	
Type or Print Name of Incorporator		Date
Signature of Incorporator	SIGN POOUMENT HERE	<u> </u>

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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:

December 22, 2017 09:56 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

