



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$35.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Articles of Incorporation**

(Chapter 7-6-34 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the corporation is Adapt Ability

ARTICLE II

The period of its duration is Perpetual _____

ARTICLE III

The specific purpose or purposes for which the corporation is organized are:

THE CORPORATION WILL ASSIST WITH EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH DEVELOPMENTAL/INTELLECTUAL DISABILITIES.

ARTICLE IV

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:

ARTICLE V

The street address (post office boxes are not acceptable) of the initial registered office of the corporation is:

No. and Street: 925 TARKILN RD
City or Town: HARRISVILLE State: RI Zip: 02830

The name of its initial registered agent at such address is SHEILA COYNE

ARTICLE VI

The number of directors constituting the initial Board of Directors of the Corporation is 3 and the names and addresses of the persons who are to serve as the initial directors are:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	SHEILA COYNE	925 TARKILN RD HARRISVILLE, RI 02830 USA
DIRECTOR	SHANNON P MACE	433 BUXTON STREET

		NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	RICHARD CHAMPAGNE	127 FARM DRIVE CUMBERLAND, RI 02864 USA

ARTICLE VII

The name and address of the incorporator is:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	SHEILA COYNE	925 TARKILN RD HARRISVILLE, RI 02830 USA

ARTICLE VIII

Date when corporate existence is to begin 01/03/2018
(not prior to, nor more than 30 days after, the filing of these Articles of Incorporation)

Signed this 3 Day of January, 2018 at 6:39:41 PM by the incorporator(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

Enter signature(s) below.
SHEILA COYNE

Form No. 200
Revised 09/07

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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:

January 03, 2018 06:39 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

