



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

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CORPORATIONS DIV
2018 JUL 17 AM 10:36

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: <i>TRUSTING HANDS Ministry</i>		
2. The period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
3. The specific purpose or purposes for which the corporation is organized are: <i>TO MINISTER to the homeless & work as a outreach MINISTRY that connects homeless men & women with resources</i> <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
4. Provisions, if any, not consistent 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: <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <i>Brian Archibald</i>		
Street Address (NOT a P.O. Box) <i>101 Whitehall</i> <i>02909</i>		
City <i>PROV.</i>	State RHODE ISLAND	Zip Code <i>02909</i>

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 *6* *27172482*

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

NAME	ADDRESS
Brian Archibald	12 MANCHESTER ST Pawt, RI 02860
MARK JONES	94 DOYLE AVE, PROV, RI 02906
Paula Santos	101 Whitehall ST, PROV, RI 02909

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
BRIAN ARCHIBALD	12 MANCHESTER ST Pawt RI 02860

Check the box to indicate an attachment ☐

8. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the date 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
Brian Archibald	7/17/18
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