



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

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CORPORATIONS DIV
2018 JUL 26 AM 11:02

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:

Clyde Tower Tenants Association

2. The period of its duration is: **CHECK ONE BOX ONLY**

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

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

Provides activities for members and tenants such as meals, Entertainment, TRIPS All from proceeds of Bingo and fundraising

Check the box to indicate an attachment ☐

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:

Check the box to indicate an attachment ☐

5. Name and address of the initial registered agent/office in Rhode Island is:

Agent Name

LORI A RUBBIERI

Street Address (NOT a P.O. Box)

1021 MAIN ST #501

City

WEST WARWICK

State

RHODE ISLAND

Zip Code

02893

MAIL TO:

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

11:02 FILED
JUL 26 2018
BY [Signature]

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
LORI A. Ruggieri	1021 MAIN ST #501 W.W.R.I
CHRISTINE GILMORE	1021 MAIN ST # 112 "
VIRGINIA ZILlich	1021 MAIN ST # 122 "
MAUREEN ADAMS	1021 MAIN ST # B2 "

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
LORI A. Ruggieri	1021 MAIN ST #501 WEST WARWICK

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
LORI A. RUGGIERI	7/22/2018

Signature of Incorporator	
<i>Lori A. Ruggieri</i>	

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	



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 26, 2018 11:02 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

