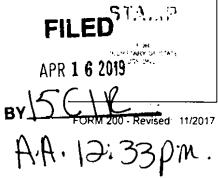
State of Rhode Island and Providence Plantations Department of State - Business Services	Division	2019 /
Articles of Incorporation DOMESTIC Non-Profit Corporation → Filing Fee: \$35.00 The undersigned, acting as incorporator(s) of a corporation un following Articles of Incorporation for such corporation.	nder RIGL <u>7-6-34</u> , adopt(s) the	APR 2.6 PH 12: 33
1. The name of the corporation is: He Aven Lee	s Rescue	
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 Providing Service for Specy/Weateding feral (2) And Abused Animals Acco Eventucelly Apply to Rescue	out of STATE +	rtep by sup itompless inclers Cival Country ndicate an attachment
<ol><li>Provisions, if any, not consistent with the law, which the in for the regulation of the internal affairs of the corporation are</li></ol>	corporators elect to set forth in these /	Articles of Incorporation
	Vone at this	line
5. Nome and address of the initial secietand executeffice in f		ndicate an attachment 🔲
5. Name and address of the initial registered agent/office in F Agent Name Elizabeth Davis		
Street Address (NOT a P.O. Box)	27 ZANFAGNA	- 5t.
city John Ston	State Zip Co	de 2919
MAIL TO:		

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



	ADDRESS	
Clussa PAhmi	6 Alon Street Provid	dence RT. 07907
Soly Supering		LUCE P.T. OTGOT 2nd
Chan Hannis	27 ZANTOS NG STREET	Johnstnilt 02919
Elisen		ATTACK DE DE 4
	Ch	eck the box to indicate an attachment.
7. The name and address of each in	ncorporator is:	
NAME	ADDRESS	
Elizabeth Davis	29 Zanforcia street	physity II 02919
Loy Speaking	6 Avon Street Provi	dence RT 02907
Etessa (Abral	6 Avon Stract Powel	unes RT 02407
Fliszo Harris	27 Zanfacra Strut	Jourston Rt 0791
		neck the box to indicate an attachment.
8. Date when these articles will be a	effective: CHECK ONLY ONE BOX	
	t be no more than 30 days from the day of filing	
	aclare and affirm that I/we have examined to nd that all statements contained herein are true	-
any accompanying attachments, and Type or Print Name of Incorporator	nd that all statements contained herein are true	-
any accompanying attachments, an Type or Print Name of Incorporator	nd that all statements contained herein are true	e and correct.
any accompanying attachments, and Type or Print Name of Incorporator Signature of Incorporator	nd that all statements contained herein are true	Date #//11/19
any accompanying attachments, and Type or Print Name of Incorporator	nd that all statements contained herein are true	e and correct.
any accompanying attachments, all Type or Print Name of Incorporator Signature of Incorporator Type or Print Name of Incorporator E/iSO Hunnes	nd that all statements contained herein are true SIGN DOCUMENT HERE	Date #//11/19
any accompanying attachments, all Type or Print Name of Incorporator Signature of Incorporator Type or Print Name of Incorporator Eligo Hunnes	nd that all statements contained herein are true	Date #//11/19
any accompanying attachments, and Type or Print Name of Incorporator Signature of Incorporator Type or Print Name of Incorporator Eligo Hunnes Signature of Incorporator	nd that all statements contained herein are true SIGN DOCUMENT HERE	Date #//11/19
any accompanying attachments, and Type or Print Name of Incorporator Signature of Incorporator Type or Print Name of Incorporator E/190 Hunnes Signature of Incorporator Type or Print Name of Incorporator E/4564 (abra)	SIGN DOCUMENT HERE	Date #//11/19 Date H/17/19
any accompanying attachments, and Type or Print Name of Incorporator Signature of Incorporator Type or Print Name of Incorporator Eligo Hannis Signature of Incorporator Type or Print Name of Incorporator Signature of Incorporator Signature of Incorporator	SIGN DOCUMENT HERE	Date #//11/19 Date H/17/19

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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:

April 16, 2019 12:33 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

