



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

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SECRETARY OF STATE  
CORPORATIONS DIV

2019 JUL 15 PM 1:01 STAMP

**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:  
*SPIRIT OF HOPE*

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:  
*SERVE THE COMMUNITY TO HELP THOSE SUFFERING WITH PHYSICAL, PSYCHOLOGICAL AND SPIRITUAL NEEDS*  
 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 *LOUIS JOSEPH SPREMUCCI*

Street Address (NOT a P.O. Box) *21 DEER VIEW ROAD*

City <i>JOHNSTON</i>	State <i>RHODE ISLAND</i>	Zip Code <i>02919</i>
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MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.n.gov

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BY *[Signature]* 2:01 PM '19

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
CARLA M. SPREMUCCI	21 DEER VIEW RD. JOHNSTON, RI 02919
TEDDY DECARO	32 LANCASTER ST, MANSFIELD, MA 02048
CHRISTINE M. PALADINO	1 OXBOW DRIVE, PLAINVILLE, MA 02762

Check the box to indicate an attachment

7. The name and address of each incorporator is:

NAME	ADDRESS
LOUIS JOSEPH SPREMUCCI	21 DEER VIEW RD. JOHNSTON, RI 02919

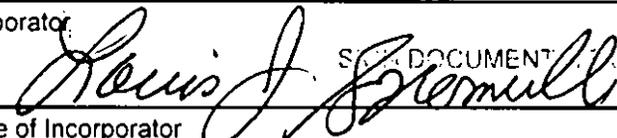
Check the box to indicate an attachment

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: LOUIS JOSEPH SPREMUCCI Date: 7/15/19

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



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 15, 2019 01:01 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*

