



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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:  <b>Iglesia Cristiana la Vina del Senor</b>		
2. The period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<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: <b>To organize a comunity bible gospel center to minister and reach out for the lost, the down throden, the churchless and the spiritual needed, teaching grace and salvation through Jesuschrist, Lord and Savior.</b>		
Check the box to indicate an attachment <input type="checkbox"/>		
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: <b>N/A</b>		
Check the box to indicate an attachment <input type="checkbox"/>		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <b>Luis D. Martinez</b>		
Street Address ( <u>NOT</u> a P.O. Box) <b>1 Cadillac Drive Apt 618</b>		
City <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02907</b>

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED**

OCT 03 2019

BY **Q/OPENP2**

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
Adriana Vinas	301 Swan Street Providence, RI 02905
Ana Vargas	17 Ida Street Providence, RI 02909
Aura Noboa	9 Croyland Rd, Providence, RI 02905
Check the box to indicate an attachment <input type="checkbox"/>	

7. The name and address of each incorporator is:

NAME	ADDRESS
Adriana Vinas	301 Swan Street Providence, RI 02905
Ana Vargas	17 Ida Street Providence, RI 02909
Aura Noboa	9 Croyland Rd, Providence, RI 02905
Check the box to indicate an attachment <input type="checkbox"/>	


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

☒ Date received (Upon filing)

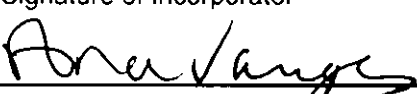
☐ Later effective date (Date must be no more than 30 days from the date of filing) \_\_\_\_\_

*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
Adriana Vinas	10/ /19

Signature of Incorporator	SIGN DOCUMENT HERE
	

Type or Print Name of Incorporator	Date
Ana Vargas	10/ /19

Signature of Incorporator	SIGN DOCUMENT HERE
	

Type or Print Name of Incorporator	Date
Aura Novoa	10/ /19

Signature of Incorporator	SIGN DOCUMENT HERE
