



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

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CORPORATIONS DIV  
2019 OCT 21 PM 1:31

**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:  
**Warm Heart**

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  
**Provide community education on various topics. Provide community support in general**  
 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  
**Crisolita Figueiredo**

Street Address (NOT a P.O. Box)  
**59 Madison St**

City <b>Pawtucket RI 02861</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02861</b>
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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.ri.gov

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BY **KDIFX**

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
Crisolita Figueiredo	59 Madison St Pawtucket RI 02861
Melany Vieira	5 Kids way Pawtucket RI 02861
Carlos Figueiredo	59 Madison St Pawtucket RI 02861

Check the box to indicate an attachment

7. The name and address of each incorporator is:

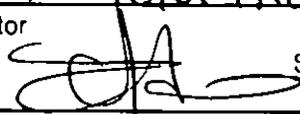
NAME	ADDRESS
Crisolita Figueiredo	59 Madison St Pawtucket RI 02861

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
CRISOLITA FIGUEIREDO	10/21/19
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:

October 21, 2019 01:31 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*

