



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

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CORPORATIONS DIV

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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: SHADY PARK		
2. The period of its duration is: CHECK ONLY ONE BOX		
<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: PROMOTE Low & Moderate Income Housing Provide information to Mobile Home owners <div style="text-align: right;">Check the box to indicate an attachment. <input type="checkbox"/></div>		
4. Provisions, if any, not inconsistent 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: <div style="text-align: right;">Check the box to indicate an attachment. <input type="checkbox"/></div>		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Name Sharon Stoker		
Street Address (NOT a P.O. Box) 12-4th ST		
City POBISMOOTH	State RHODE ISLAND	Zip Code 02871

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 **NEZWM**

6. The number of the initial Board of Directors of the Corporation is 5 (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:

NAME	ADDRESS
Sharlene Stoker	12-4th St Ports. RI 02871
Jessica Asher	9-1st St Ports RI 02871
Sue Martens	13-North Dr. Ports. RI 02871
Jawet Mills	5-3rd St-Ports RI 02871

Check the box to indicate an attachment. ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
Sharlene Stoker	12-4th St Port. RI 02871

Check the box to indicate an attachment. ☐

8. Date when these articles will be effective: **CHECK ONLY ONE BOX**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the day 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

Sharlene Stoker

Date

11/7/19

Signature of Incorporator

Sharlene Stoker

SIGN DOCUMENT HERE

Type or Print Name of Incorporator

Date

11/7/19

Signature of Incorporator

SIGN DOCUMENT HERE

Type or Print Name of Incorporator

Date

11/7/19

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:

November 08, 2019 11:38 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

