State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

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:
Michael DiFucci Memorial Fund

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:
Fundraising in support of an annual scholarship in memory of Michael DiFucci

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: Scot Morrison

Street Address (NOT a P.O. Box): 3913 Main Road; Unit C

City	State	Zip Code
Tiverton	RHODE ISLAND	02878

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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FORM 200 - Revised: 08/2020

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
Scott Morrison	3913 Main Road; Unit C; Tiverton RI 02878
Mark Polsinello	27 Longwood Drive; Saratoga, NY 12866
Paul DiFucci	30 Winslow Circle; Tuckahoe, NY 10707

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
Scott Morrison	3913 Main Road; Unit C; Tiverton, RI 02878

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
Scott A. Morrison	01/07/21

Signature of Incorporator

Scott A. Morrison

Type or Print Name of Incorporator	Date

Signature of Incorporator

Type or Print Name of Incorporator	Date

Signature of Incorporator

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
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, 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:

January 12, 2021 03:17 PM

Nellie M. Gorbea
Secretary of State