



Department of State - Business Services Division

Certificate of Correction

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-41.1 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number: 001720491	2. The name of the corporation is: SabaterLAB Foundation
3. The document to be corrected is: Purpose Statement in the Articles of Incorporation	4. The date the document being corrected was originally filed: 03/15/2021
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: TO SERVE UNIQUELY DIVERSE COMMUNITIES BY BUILDING PARTNERSHIPS, SECURING FUNDING, RUNNING PROGRAMS, OFFERING INTEGRATIVE SERVICES, AND PROVIDING RESOURCES.	
Check the box to indicate an attachment ☐	
6. The new corrected portion of the document states as follows: TO SERVE TO EMPOWER UNIQUELY DIVERSE COMMUNITIES BY BUILDING PARTNERSHIPS, SECURING FUNDING, RUNNING PROGRAMS, OFFERING INTEGRATIVE SERVICES, AND PROVIDING RESOURCES.	
Check the box to indicate an attachment ☐	
7. The corrected document MUST be attached to this certificate.	

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

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By ACPCG

8. The correction was adopted in the following manner: **CHECK ONE BOX ONLY**

- ☐ The correction was adopted at a meeting of the members held on _____, at which meeting a quorum was present, and the correction received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.
- ☒ The correction was adopted by a consent in writing on 03/16/2021, signed by all members entitled to vote with respect thereto.
- ☐ The correction was adopted at a meeting of the Board of Directors held on _____, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

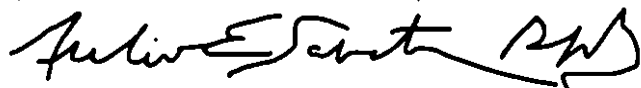
Type or Print Name of Authorized Officer of the Corporation

Julio E. Sabater PhD

Date

03/17/2021

Signature of Authorized Officer of the Corporation





State of Rhode Island

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.

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1. The name of the corporation is:

SabaterLAB Foundation

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:

THE PURPOSE OF THE SABATERLAB FOUNDATION IS TO SERVE TO EMPOWER UNIQUELY DIVERSE COMMUNITIES BY BUILDING PARTNERSHIPS, SECURING FUNDING, RUNNING PROGRAMS, OFFERING INTEGRATIVE SERVICES, AND PROVIDING RESOURCES.

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:

Please see Attachment for this section.

Check the box to indicate an attachment ☒

5. Name and address of the initial registered agent/office in Rhode Island is:

Agent Name

Sabater Laboratory for Psychological Innovations Inc

Street Address (NOT a P.O. Box)

255 Main Street, Ste 206

City
Pawtucket

State
RHODE ISLAND

Zip Code
02860

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

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
Julio E Sabater PhD	255 Main Street, Ste 206, Pawtucket, RI 02860
Ivelisse Sabater	255 Main Street, Ste 206, Pawtucket, RI 02860
Julisse Sabater	255 Main Street, Ste 206, Pawtucket, RI 02860

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

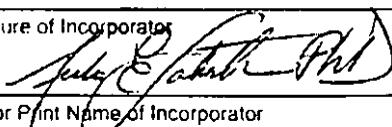
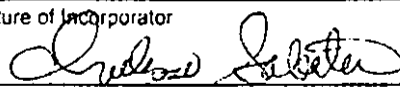
NAME	ADDRESS
Julio E Sabater PhD	255 Main Street, Ste 206, Pawtucket, RI 02860
Ivelisse Sabater	255 Main Street, Ste 206, Pawtucket, RI 02860

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 Julio E Sabater PhD	Date 03/18/2021
Signature of Incorporator 	
Type or Print Name of Incorporator Ivelisse Sabater	Date 03/18/2021
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.

FORM 1001 - 06/2019 - 00000000

03/18/2021

Attachment

SabaterLAB Foundation

ID Number: 001720491

ARTICLE IV

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:

THE CORPORATION SHALL BE A SUBSIDIARY NONPROFIT CORPORATION OF SABATER LABORATORY FOR PSYCHOLOGICAL INNOVATIONS INC AND FUNCTION AS A PRIVATE OPERATING FOUNDATION OF ITS PARENT CORPORATION.

THE CORPORATION SHALL NOT UNDERTAKE ACTIVITIES THAT MAY ADVERSELY AFFECT (ITS PARENT CORPORATION) SABATER LABORATORY FOR PSYCHOLOGICAL INNOVATIONS INC.

NOTWITHSTANDING ANY OTHER PROVISION OF THESE ARTICLES, THIS CORPORATION SHALL NOT, EXCEPT TO AN INSUBSTANTIAL DEGREE, ENGAGE IN ANY ACTIVITIES OR EXERCISE ANY POWERS THAT ARE NOT IN FURTHERANCE OF THE PURPOSES OF THIS CORPORATION.

THE BOARD OF DIRECTORS OF THIS CORPORATION SHALL ABIDE BY THE FOLLOWING OVERARCHING DUTIES:

- 1) DUTY OF CARE – CARING FOR THE INTERESTS OF THE FOUNDATION IN TERMS OF ITS MANAGEMENT, INVESTMENTS, AND PURSUIT OF CHARITABLE INTERESTS.
- 2) DUTY OF LOYALTY – SERVING THE BEST INTERESTS OF THE FOUNDATION ABOVE ANY PERSONAL INTEREST OF THEIR OWN.
- 3) DUTY OF OBEDIENCE – FOLLOWING THE RULES: BOTH THE INTERNAL RULES OF THE FOUNDATION, SUCH AS BYLAWS OR POLICIES, AND THE EXTERNAL LAWS AND REGULATIONS THAT GOVERN FOUNDATIONS, SO AS NOT TO JEOPARDIZE THE FOUNDATION'S TAX-EXEMPT STATUS.

ANY DIRECTOR OR OFFICERS OF THIS CORPORATION, INCLUDING ITS PARENT CORPORATION SABATER LABORATORY FOR PSYCHOLOGICAL INNOVATIONS INC, WHO IS INVOLVED IN LITIGATION BY REASON OF HIS OR HER POSITION AS A DIRECTOR OR OFFICER OF THIS CORPORATION SHALL BE INDEMNIFIED AND HELD HARMLESS BY THE CORPORATION TO THE FULLEST EXTENT AUTHORIZED BY LAW AS IT NOW EXISTS OR MAY SUBSEQUENTLY BE AMENDED (BUT, IN THE CASE OF ANY SUCH AMENDMENT, ONLY TO THE EXTENT THAT SUCH AMENDMENT PERMITS THE CORPORATION TO PROVIDE BROADER INDEMNIFICATION RIGHTS).

UPON THE DISSOLUTION OF THE CORPORATION, THE BOARD OF DIRECTORS SHALL, AFTER PAYING OR MAKING PROVISION FOR THE PAYMENT OF ALL THE LIABILITIES OF THE CORPORATION, DISTRIBUTE ANY REMAINING ASSETS OF THE SUBSIDIARY CORPORATION TO THE PARENT CORPORATION THE SABATER LABORATORY FOR PSYCHOLOGICAL INNOVATIONS INC.



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:

March 19, 2021 02:40 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

Secretary of State

