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State of Rhode Island
Department of State - Business Services Division

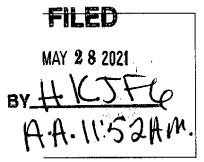
## Certificate of Correction DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL <u>7-6-41,1</u> the undersigned corporation hereby submits the following Certificate of Correction:

| 1. Entity ID Number:                                                                                                      | 2. The name of the corporation is: |                                                         |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------|--|--|--|
| 001721826                                                                                                                 | After Fire Victims Outreach Inc.   |                                                         |  |  |  |
|                                                                                                                           |                                    |                                                         |  |  |  |
| 3. The document to be corrected is:                                                                                       |                                    | 4. The date the document being corrected was originally |  |  |  |
|                                                                                                                           |                                    | filed: 04/06/2021                                       |  |  |  |
| Areticles of Ir                                                                                                           | Vapolan                            |                                                         |  |  |  |
| 5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: |                                    |                                                         |  |  |  |
| Director () Anthony Bazzle<br>11 Elmcrest Avenue<br>Providence RI 02908                                                   |                                    |                                                         |  |  |  |
|                                                                                                                           |                                    |                                                         |  |  |  |
|                                                                                                                           |                                    |                                                         |  |  |  |
|                                                                                                                           |                                    |                                                         |  |  |  |
|                                                                                                                           |                                    | Check the box to indicate an attachment                 |  |  |  |
| 6. The new corrected portion of t                                                                                         | he document states as follow       |                                                         |  |  |  |
| Director Edward Nason O'Donnell<br>13 Aspen Lane<br>Greenville RI 02828                                                   |                                    |                                                         |  |  |  |
|                                                                                                                           |                                    |                                                         |  |  |  |
|                                                                                                                           |                                    |                                                         |  |  |  |
|                                                                                                                           |                                    |                                                         |  |  |  |
|                                                                                                                           |                                    |                                                         |  |  |  |
|                                                                                                                           |                                    |                                                         |  |  |  |
|                                                                                                                           |                                    | Check the box to indicate an attachment                 |  |  |  |
| 7. The corrected document <b>MUST</b> 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



FORM 205 - Revised: 08/2020

| 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<br>a quorum was present, and the correction received at least a majority of the vo<br>represented by proxy at such meeting were entitles to cast.             |                                  |  |  |  |
| The correction was adopted by a consent in writing on                                                                                                                                                                        | , signed by all members entitled |  |  |  |
| The correction was adopted at a meeting of the Board of Directors held on <u>May 1, 2021</u> , 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                                                                                                                                                                  | Date                             |  |  |  |
| Carlton Dexter Jr.                                                                                                                                                                                                           | 5/1/2021                         |  |  |  |
| Signature of Authorized Officer of the Corporation                                                                                                                                                                           |                                  |  |  |  |

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State of Rhode Island Department of State - Business Services Division

## Articles of Incorporation

**DOMESTIC Non-Profit Corporation** 

 $\rightarrow$  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:

After Fire Victims Outreach, Inc

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: FIRST RESPONDERS AND VOLUNTEERS WHO PROVIDE SUPPORT AND RELIEF TO FAMILIES DISPLACED BY HOUSE FIRES IN THE COMMUNITY

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

PAUL N LAPROCINA JR

Street Address (<u>NOT</u> a P.O. Box) LEPIZZERA AND LAPROCINA, LTD 117 METRO CENTER BLVD STE 2001

City Warwick State Zip Code 02886 **RHODE ISLAND** 

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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FOR SEORETARY OF STATE USF ON Y

|                                                                                                                  |                                                                                                           | ···                        |  |  |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------|--|--|
| <ol><li>The number of the initial Board of Direct<br/>address of the persons who are to serve as</li></ol>       | ors of the Corporation is <u>4</u> (not less than 3 dir<br>s the initial directors are:                   | rectors) and the names and |  |  |
| NAME                                                                                                             | ADDRESS                                                                                                   |                            |  |  |
| Todd Brown                                                                                                       | 576 BROAD ST CUMBERLAND, RI 02864 USA                                                                     |                            |  |  |
| Carlton Dexter, Jr.                                                                                              | 200 MANN SCHOOL HOUSE RD SMITHFIELD, RI 02817 USA                                                         |                            |  |  |
| John Darowski                                                                                                    | 14 FENCREST DR CUMBERLAND, RI 02864 USA                                                                   |                            |  |  |
| Edward N. O'Donnell                                                                                              | 13 ASPEN LANE GREENVILLE RI 02828 USA                                                                     |                            |  |  |
|                                                                                                                  | Check the box to                                                                                          | indicate an attachment     |  |  |
| 7. The name and address of each incorport                                                                        | ator is:                                                                                                  |                            |  |  |
| NAME                                                                                                             | ADDRESS                                                                                                   |                            |  |  |
| Todd Brown                                                                                                       | 576 BROAD ST CUMBERLAND, RI 02864 USA                                                                     |                            |  |  |
|                                                                                                                  |                                                                                                           |                            |  |  |
| ·                                                                                                                |                                                                                                           |                            |  |  |
|                                                                                                                  |                                                                                                           |                            |  |  |
|                                                                                                                  | Check the box to                                                                                          | o indicate an attachment   |  |  |
| 8. Date when these Articles of Incorporation                                                                     | n 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 a accompanying attachments, and that all sta                          | affirm that I/we have examined these Articles of Incor<br>atements contained herein are true and correct. | poration, including any    |  |  |
| Type or Print Name of Incorporator                                                                               |                                                                                                           | Date                       |  |  |
| Todd Brown                                                                                                       |                                                                                                           | 5/17/2021                  |  |  |
| Signature of Incorporator                                                                                        |                                                                                                           |                            |  |  |
| Type or Print Name of Incorporator                                                                               |                                                                                                           | Date                       |  |  |
| Signature of Incorporator                                                                                        |                                                                                                           |                            |  |  |
| Type or Print Name of Incorporator                                                                               |                                                                                                           | Date                       |  |  |
| Signature of Incorporator                                                                                        |                                                                                                           |                            |  |  |

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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.

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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:

May 28, 2021 11:52 AM

Tullin U. Horler

Nellie M. Gorbea Secretary of State

