State of Rhode Island
Department of State - Business Services Division

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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:

Beyond Possibilities, 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:

Non-profit Residential Program for at-risk youth.

Check the box to indicate an attachment ☐

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:

Check the box to indicate an attachment ☐

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

Agent Name: Carmen M. Reid

Street Address (NOT a P.O. Box): 10 Larchwood Drive

City: Rumford | State: RHODE ISLAND | Zip Code: 02916

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
Carmen M Reid	10 Larchwood Dr Rumford 02916
Suennelly Cortes	50 Audubon Ave Prov 02908
Robert L. Bailey	53 Lauriston St Prov 02906

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
Carmen M. Reid	10 Larchwood Dr. Rumford 02916

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
Carmen M. Reid	6/7/2021
Signature of Incorporator: Carmen M. Reid	
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.

RI SOS Filing Number: 202197876310 Date: 6/7/2021 1:26:00 PM

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:

June 07, 2021 01:26 PM

Nellie M. Gorbea
Secretary of State