

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2021 JUN -7 P 1: 26

Articles of Incorporation

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

The undersigned, acting as incorporator(s) of a corporation un following Articles of Incorporation for such corporation:	der RIGL <u>7-6-34,</u> adopt(s) the		
The name of the corporation is:			
Beyond Possibili	Hes, 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	n is organized are:		
Non-profit Reside	ntial troop	am	
Non-profit Reside for at risk you	th.		
,		ox 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 b	pox to indicate an attachment	
5. Name and address of the initial registered agent/office in I	Rhode Island is:		
Agent Name Carmen M. Rei	1		
Street Address (NOT a P.O. Box))		

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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6. The number of the initial Board of Directors of the Corporation is (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 Red	10 Larch wood Dr Ru	untold opply	
Surnelly Cortes	50 Audubon Ave 1	Prov 02908	
Robert L. Bayley	53 Lauriston St F	2000 02906	
, , , , , , , , , , , , , , , , , , ,			
	Check the box to	indicate an attachment	
7. The name and address of each incorporator is:			
NAME	ADDRESS	7	
Carmen M. Keid	16 Lanchwood Dr. 4	cumped 0916	
		 	
	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.	Keid	67/2021	
Signature of Incorporator			
armer 411. Rea			
Type or Print Name of Incorporator		Date	
Signature of Incorporator			
Type or Print Name of Incorporator		Date	
Signature of Incorporator			