State of Rhode Island Department of State - Business Services	Division R.I. DEPT. OF STATÉ BUS SYDS DIV
Articles of Incorporation DOMESTIC Non-Profit Corporation → Filing Fee: \$35.00	2021 NOV - 1 PM 1: 42
The undersigned, acting as incorporator(s) of a corporation u following Articles of Incorporation for such corporation.	nder RIGL <u>7-6-34</u> , adopt(s) the
1. The name of the corporation is: GOLDEN HE:	ART OF LIFE FOUNDATION
2. The period of its duration is: CHECK ONE BOX ONLY	
Perpetual (on-going)	
and less privileage through	n is organized are: To help the needy the work of Jesus Christ
	Check the box to indicate an attachment
4. Provisions. if any, not consistent with the law, which the in for the regulation of the internal affairs of the corporation are	corporators elect to set forth in these Articles of Incorporation
N/A N/A	Check the box to indicate an attachment
5. Name and address of the initial registered agent/office in	Rhode Island is:
Agent Name BEATRICE ADERDHKE K	471
Street Address (<u>NOT</u> a P.O. Box)	
City PROVIDENCE	State RHODE ISLAND 21p Code 02904
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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The number of the initial Board of Direct address of the persons who are to serve as	ors of the Corporation is (not less than 3 directors) and the names and
NAME	ADDRESS
Beatrice Aderonie Kuti	7 Dosco Drive, Providence, RI, 02904
Emmanuel Olubade kuti	7 Posco Prive, Providence, RI, 02904
Aarica Dara Koliyah	78 Mitchell Street, Providence, RI 02907
	Check the box to indicate an attachment
7. The name and address of each incorpora NAME	
	ADDRESS
Beatrice Aderonke kuti	7 Desco Drive, Providence, RI, 02904
Emmanuel Olubode Kuti	7 Dosco Drive, Providence, RI, 02904
Aarica Dara Koliyah	78 Mitchell Street Providence, 02907
	Check the box to indicate an attachment
8. Date when these Articles of Incorporation	n will be effective CHECK ONE BOX ONLY
	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 Incorporation, including any atements contained herein are true and correct.
Type or Print Name of Incorporator	Date
Beatrice Aderonke	kuti IIII21
Signature of Incorporator	
Type or Print Name of Incorporator	Date
EMMANUEL DUBODE	
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Harrisa Dara Kalufel	11.01-21
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:

November 01, 2021 01:42 PM

Tulli U. Sola

Nellie M. Gorbea Secretary of State

