



State of Rhode Island

Department of State - Business Services Division

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2021 NOV -1 PM 1:42

## 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: <u>GOLDEN HEART OF LIFE FOUNDATION</u>                                                                                                                            |                           |                       |
| 2. The period of its duration is: <b>CHECK ONE BOX ONLY</b>                                                                                                                                          |                           |                       |
| <input checked="" type="checkbox"/> Perpetual (on-going)                                                                                                                                             |                           |                       |
| <input type="checkbox"/> Date certain for dissolution _____                                                                                                                                          |                           |                       |
| 3. The specific purpose or purposes for which the corporation is organized are: <u>To help the needy and less privileged through the work of Jesus Christ</u>                                        |                           |                       |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |                           |                       |
| 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: |                           |                       |
| <u>N/A N/A</u>                                                                                                                                                                                       |                           |                       |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |                           |                       |
| 5. Name and address of the initial registered agent/office in Rhode Island is:                                                                                                                       |                           |                       |
| Agent Name <u>BEATRICE ADERONKE KUTI</u>                                                                                                                                                             |                           |                       |
| Street Address (NOT a P.O. Box) <u>7 DOSCO DRIVE</u>                                                                                                                                                 |                           |                       |
| City <u>PROVIDENCE</u>                                                                                                                                                                               | State <u>RHODE ISLAND</u> | Zip Code <u>02904</u> |

### MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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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                                  |
|------------------------|------------------------------------------|
| Beatrice Aderonke kuti | 7 Dosco Drive, Providence, RI, 02904     |
| Emmanuel Olubode kuti  | 7 Dosco Drive, 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 incorporator is:

| NAME                   | ADDRESS                               |
|------------------------|---------------------------------------|
| Beatrice Aderonke kuti | 7 Dosco 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 ☐

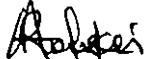
8. Date when these Articles of Incorporation will be effective **CHECK ONE BOX ONLY**

☒ 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.

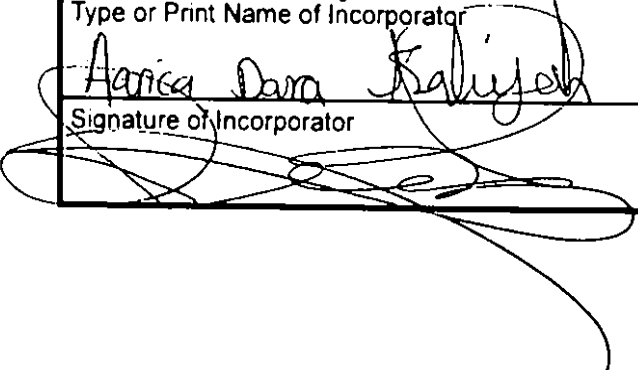
|                                    |         |
|------------------------------------|---------|
| Type or Print Name of Incorporator | Date    |
| Beatrice Aderonke kuti             | 11/1/21 |

|                                                                                     |
|-------------------------------------------------------------------------------------|
| Signature of Incorporator                                                           |
|  |

|                                    |            |
|------------------------------------|------------|
| Type or Print Name of Incorporator | Date       |
| EMMANUEL OUBODE KUTI               | 10/01/2021 |

|                                                                                     |
|-------------------------------------------------------------------------------------|
| Signature of Incorporator                                                           |
|  |

|                                    |          |
|------------------------------------|----------|
| Type or Print Name of Incorporator | Date     |
| Aarica Dara Koliyah                | 11-01-21 |

|                                                                                    |
|------------------------------------------------------------------------------------|
| Signature of Incorporator                                                          |
|  |