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State of Rhode Island

Department of State - Business Services Division

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2023 JAN -6 P 1: 41

Articles of Incorporation

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

The undersigned, acting as incorporator(s) of a corporation of following Articles of Incorporation for such corporation:	ου <u>το σν,</u> ασορί(s) τη	e
The name of the corporation is:		
WAShingTON	South's iz	e Basepall
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		
LA TELLEN	on is organized are:	1
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while they complay be	sebal and d	e pour the
Streets		
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	Chark the	han ta tauta sa ara ara a
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14. Clovisions, it any, not inconsistent with the law, which the	incorporators elect to act to at	box to indicate an attachment
Provisions, if any, not inconsistent with the law, which the for the regulation of the internal affairs of the corporation are	incorporators elect to act to at	in these Articles of Incorporation
for the regulation of the internal affairs of the corporation are	incorporators elect to act to at	in these Articles of Incorporation
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for the regulation of the internal affairs of the corporation are	incorporators elect to set forth	in these Articles of Incorporation
	incorporators elect to set forth	in these Articles of Incorporation
for the regulation of the internal affairs of the corporation are 5. Name and address of the initial registered agent/office in fagent Name	incorporators elect to set forth	in these Articles of Incorporation
5. Name and address of the initial registered agent/office in f	incorporators elect to set forth	in these Articles of Incorporation
5. Name and address of the initial registered agent/office in f	incorporators elect to set forth	in these Articles of Incorporation
5. Name and address of the initial registered agent/office in Agent Name	incorporators elect to set forth	in these Articles of Incorporation
5. Name and address of the initial registered agent/office in Agent Name	incorporators elect to set forth	in these Articles of Incorporation

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov FILED

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6. The number of the initial Board of Directors of the Corporation is address of the persons who are to serve as the initial directors are: NAME ADDRESS ENDY PROPOT 56 OAK TRANKLT03910 SABRINAL UNA 4 FLARK STRANKLT03910 FRANKLIN TRANKS 501 PRAINIE Are Proposed To Salar NAME 7. The name and address of each incorporator is: NAME ADDRESS ADDRESS Check the box to indicate an attachment from the proposed of the person of the pe
NAME ADDRESS Eddy Prehot 560AK A frank RT 0390 SADRINAL UNA 4 FRANK SA STANDET 03916 FRANKLIN TRUBES 501 Prairie Are Property Check the box to indicate an attachment 7. The name and address of each incorporator is: NAME ADDRESS ACRECATS MENDES Providence LT 02907
ADDRESS ECHYPROSOT 56 OAK FRON RT 0290 SABRINALUNA 4 EPARKS STITO2915 FRANKIN TAMARES 501 PLAINIE Are Park to 290 Check the box to indicate an attachment of the same and address of each incorporator is: NAME ADDRESS PRACELIS MENRY 37 DWTHRIO STAPT 4 Providence LT 02907
SABRINAL UNA 4 EPARKST STREET 03916 FRANKIN TRUBES 501 PRAIRIE AR PROSET Check the box to indicate an attachment 7. The name and address of each incorporator is: NAME ADDRESS PRACELIS MENDES 37 DWTHRID STAPT 4 Providence, LT. 02907
SABRINAL UNA 4 EPARKST STREET 03916 FRANKIN TRUBES 501 PRAIRIE AR PROSET Check the box to indicate an attachment 7. The name and address of each incorporator is: NAME ADDRESS PRACELIS MENDES 37 DWTHRID STAPT 4 Providence, LT. 02907
TRANKIN TRANSPORTS 501 PRAINIE AR PROSENTA Check the box to indicate an attachment The name and address of each incorporator is: NAME ADDRESS ARACelis Mender 37 DWTHRID STAPF4 Providence LT 02907
TRANKIN TRAINS 501 PRAINIE AR PROSE TAVARET Check the box to indicate an attachment NAME ADDRESS PRACELIS MENDEZ 37 DWTHRID STAPTY Providence LT 02907
Check the box to indicate an attachment 7. The name and address of each incorporator is: NAME ADDRESS ARACELIS MENDER 37 DWTHRID SPARTY Providence, LT. 02907 Check the box to indicate an attachment
Check the box to indicate an attachment 7. The name and address of each incorporator is: NAME ADDRESS ARACelis Menre 37 DWTHRIO SPAPT4 Providence LT 02907 Check the box to indicate an attachment
Check the box to indicate an attachment 7. The name and address of each incorporator is: NAME ADDRESS ARACelis Menre 37 DWTHRIO SPAPT4 Providence LT 02907 Check the box to indicate an attachment
NAME ADDRESS ARRACELIS MENER 37 DINTHRID STAPT 4 Providence, CT 02907
ADDRESS ARACELIS MENDEZ 37 DINTARIO STADTY Providence, LT 02907
ARACELIS MENDEZ 37 DINTARIO STAPTY Providence, LI 02907
Providence, LT 02907
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Check the box to indicate an attack as a stack as a sta
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8. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY
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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 begin are true and accompanying attachments.
A Date
$H(Acelic n_A = Acelic n_Acelic n_Ac$
Signature of Incorporator 01/06/23
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Type of Print Name of Incorporator Date
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I, GREGG M. AMORE, 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:

January 06, 2023 01:41 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

