



State of Rhode Island
Department of State - Business Services Division

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2023 JAN -9 A 10:57

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: RI ALLIED HEALTH & SAFETY INSTITUTE		
2. The period of its duration is: CHECK ONE BOX ONLY		
<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: NURSING and ALLIED HEALTH TRAINING & EDUCATION		
		Check the box to indicate an attachment <input type="checkbox"/>
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 <input type="checkbox"/>
5. Name and address of the initial registered agent/office in Rhode Island is:		
Agent Name ADA EZEAMA		
Street Address (NOT a P.O. Box) 8 SUMMER COURT		
City SMITHFIELD	State RHODE ISLAND	Zip Code 02917

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 AMP
JAN 09 2023
BY ML JS4RT

6. The number of the initial Board of Directors of the Corporation is 4 (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:

NAME	ADDRESS
ADA EZEAMA	8 SUMMER COURT SMITHFIELD RI 02917
MARTIN EZEAMA	8 SUMMER COURT SMITHFIELD RI 02917
MORRIS AKINFOLARIN	270 PRAIRE AVENUE, PROVIDENCE 02905
CHIOMA ABANWANKWO	16 COLONIAL DRIVE, LINCOLN RI 02865

Check the box to indicate an attachment

7. The name and address of each incorporator is:

NAME	ADDRESS
ADA EZEAMA	8 SUMMER COURT, SMITHFIELD RI 02917

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
ADA EZEAMA	01/09/2023
Signature of Incorporator	
<i>Ada Ezeama</i>	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

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 09, 2023 10:57 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

