



State of Rhode Island

Department of State - Business Services Division

Articles of Incorporation

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

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BUS. SVCS. DIV.

2023 MAR 15 A 11:46

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:

CHARISMATIC RENEWAL MINISTRIES INC. (CRM)
"REALM OF GRACE CENTER"

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 is organized are:

CHURCH PURPOSE

Check the box 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 box to indicate an attachment ☐

5. Name and address of the initial registered agent/office in Rhode Island is:

Agent Name

PASTOR

CHINYERE LIVINA EZEAMA

Street Address (NOT a P.O. Box)

591 BEVERAGE HILL AVE.

City

PAW/TUCKET

State

RHODE ISLAND

Zip Code

02861

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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BY ML NX2JW

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
CHINYERE LIVINA EZEAMA	1882 SMITH ST. APT. 2 NORTH PROVIDENCE RI
DSUAGWU IMMANUEL EZEAMA	SAME
CHIBUIKE JESSE EZEAMA	SAME

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
CHINYERE LIVINA EZEAMA	1882 SMITH ST. APT. 2 NORTH PROVIDENCE RI

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
CHINYERE LIVINA EZEAMA	03/15/2023

Signature of Incorporator


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:

March 15, 2023 11:46 AM

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

Gregg M. Amore
Secretary of State

