



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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2023 APR -3 1:44

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:

PROVIDENCE METRO INTEGRATED HEALTH

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:

This will be an Integrated Health organization that will include preventative Health Education, NON-EMERGENCY MEDICAL TRANSPORTATION AND community initiatives geared TOWARDS mental Health.

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

Albert B. Cassell Jr.

Street Address (NOT a P.O. Box)

56 AIDEN DRIVE

City

West Warwick

State

RHODE ISLAND

Zip Code

02893

**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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STAMP  
APR 03 2023

BY ML 2/KGFC

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
Crystal Cassell	56 AIDEN DRIVE, W. Warwick RI
Alijah Cassell	56 AIDEN DRIVE W. Warwick RI
Asaiah Cassell	56 AIDEN DRIVE W. Warwick, RI

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
Albert B Cassell Jr	56 AIDEN DR W. Warwick 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
Albert B Cassell Jr	04.03.23

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:

April 03, 2023 01:44 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

