State of Rhode Island Department of State - Business Services	Division		
Articles of Incorporation DOMESTIC Non-Profit Corporation → Filing Fee: \$35.00 The undersigned, acting as incorporator(s) of a corporation un following Articles of Incorporation for such corporation: 1. The name of the corporation is:	nder RIGL <u>7-6-34</u> , adopt(s) the	RECEIVED R.I. DEPT. OF STATE BUG SVCS NV 2023 JUN - 1 A 11: 1 7	
CPG FOUNDATION	<u> </u>		
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: The foundations primary purpose is to receive donated furniture and home goods and redistributed them to neighbors in need thru its furniture bank.			
	Check the I	box to indicate an attachment 📑	
4. Provisions, if any, not inconsistent with the law, which the for the regulation of the internal affairs of the corporation are	:	in these Articles of Incorporation	
5. Name and address of the initial registered agent/office in			
Agent NameNED MURTHA	·· · · · · · · · · · · · · · · · · · ·		
Street Address (NOT a P.O. Box) 4494 POST ROAD UNIT 6			
	State RHODE ISLAND	Zip Code ()2818	
		FILED	

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

 $\|$ FORM 200 - Revised: 12/2021

JUN 07 2023 P BY ML -7 8

.

	· · · · · · · · · · · · · · · · · · ·		
6. The number of the initial Board of Direct address of the persons who are to serve a	• • • •	ectors) and the names and	
NAME	ADDRESS		
KAREN MURTHA	4494 POST ROAD EAST GREENWICH RI 02818		
COURTNEY MURTHA	737 JEFFERSON AVENUE #201 MIAMI FL 33139		
NED MURITHS	4494 POST ROLD PERST GREENI	NICH RE 028/8	
	Check the box to	indicate an attachment 🔲	
7. The name and address of each incorpo	prator is:		
NAME	ADDRESS		
NED MURTHA	4494 POST ROAD #6 EAST GREENWICH RI 02818		
	Check the box to	o indicate an attachment 🗍	
8. Date when these Articles of Incorporati	on will be effective: CHECK ONE BOX ONLY		
Date received (Upon filing)	o 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 NED MURTHA		Date 6-7-23	
Signature of Incorporator	· · · · · · · · · · · · · · · · · · ·		
Med Muth	· · · · · · · · · · · · · · · · · · ·		
Type or Print Name of Incorporator		Date	
Signature of Incorporator		· · · · · · · · · · · · · · · · · · ·	
Type or Print Name of Incorporator		Date	
Signature of Incorporator		<u>l</u>	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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:

June 07, 2023 11:17 AM

Treng M. Course

Gregg M. Amore Secretary of State

