



State of Rhode Island
Department of State - Business Services Division

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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:		
Inner Circle Multicultural Center		
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:		
To help individuals with services as paying bills, filling out applications online and any other needs that they may need.		
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		
Sandra M. Kincaid		
Street Address (NOT a P.O. Box)		
80 Whitmarsh St		
City	State	Zip Code
Providence	RHODE ISLAND	02907

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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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
Sandra Lincoln	80 Whitmarsh St Prov RI 02907
Breana Lincoln	80 Whitmarsh St Prov RI 02907
Dale Santos	Post Office Box 40037 Prov RI 02940

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

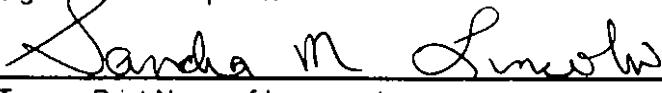
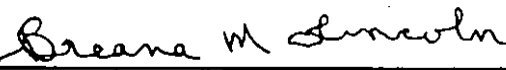
NAME	ADDRESS
Sandra M Lincoln	80 Whitmarsh St Prov RI 02907
Breana M Lincoln	80 Whitmarsh St Prov RI 02907
Dale Santos	Post Office Box 40037 Prov RI 02940

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) _____

9. 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
Sandra M Lincoln	1-2-24
Signature of Incorporator	
	
Type or Print Name of Incorporator	Date
Breana M Lincoln	1-2-24
Signature of Incorporator	
	
Type or Print Name of Incorporator	Date
Dale Santos	1-2-24
Signature of Incorporator	
