



State of Rhode Island  
Department of State - Business Services Division

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SMP  
FOR  
SECRETARY OF STATE  
USE ONLY

## 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: <div style="font-size: 1.2em; font-family: cursive;">G.O.A.L.S YOUTH SOCCER ACADEMY Pvd</div>		
2. The period of its duration is: <b>CHECK ONE BOX ONLY</b> <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: <div style="font-size: 1.2em; font-family: cursive;">ORGANIZE A SOCCER PROGRAM TO TEACH CHILDREN OF PROVIDENCE AND SURROUNDING CITIES THE GAME OF SOCCER</div> <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
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:  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <div style="font-size: 1.2em; font-family: cursive;">ORLANDO MONTEIRO</div>		
Street Address (NOT a P.O. Box) <div style="font-size: 1.2em; font-family: cursive;">35 HAWTHORNE STREET</div>		
City <div style="font-size: 1.2em; font-family: cursive;">NORTH PROVIDENCE</div>	State <div style="font-size: 1.2em; font-family: cursive;">RHODE ISLAND</div>	Zip Code <div style="font-size: 1.2em; font-family: cursive;">02904</div>

### MAIL TO:

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

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USE ONLY

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
ORLANDO MONTEIRO	35 HAWTHORNE ST N. PROV R.I 02904
LOURDES MONTEIRO	8 VICTOR ST. N. PROV. R.I 02911
EMANUELA MONTEIRO	35 Hawthorne St. N. PROV R.I 02904

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

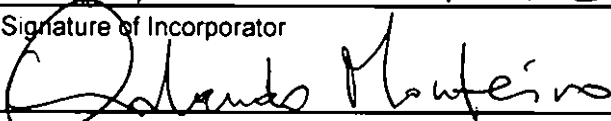
NAME	ADDRESS
ORLANDO MONTEIRO	35 HAWTHORNE Street N. PROV R.I 02904

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
ORLANDO MONTEIRO	2-21-2024
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:

February 21, 2024 01:32 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

