RI SOS Filing Number: 202452389580 Date: 4/24/2024 10:59:00 AM



State of Rhode Island

Department of State - Business Services Division

Articles of Incorporation

→ Filing Fee: \$35.00		8
The undersigned, acting as incorporator(s) of a corporation ur ollowing Articles of Incorporation for such corporation:	nder RIGL <u>7-6-34,</u> adopt(s) the	
The name of the corporation is:		
Fifteen Liberian Diaspora Counties Associa	tions Of Sons Daughte	ers And Affiliates
In The Americas(15 LDCASDA) INC		
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	n is organized are:	:
To foster and make adjustments of its members and A culture, conditions in the USA, , Rhode Island, African, fostering relationships between its members, affiliates well as in Liberia and its Peoples. Promote peace, finamembers, Affiliates and others in need of assistance.	American, Europe etc Common, and the Liberian, Rhode Islancial support and to satisfy the	nunities as well as and ,Communities as the well being of its
		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	: · · · · · · · · · · · · · · · · · · ·	,
		box to indicate an attachment lue
5. Name and address of the initial registered agent/office in the same of the initial registered agent/office in the initial registered agent		
Agent Name Nellie Francis-Sat	vice	
Street Address (NOT a P.O. Box) 16 Mille	R Avenue	
city Providence	State RHODE ISLAND	Zip Code 02905
	' e	FILED
MAIL TO:	•	100.0

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

APR 2 4 2024

6. The number of the initial Board of Director address of the persons who are to serve as		irectors) and the names and	
NAME	ADDRESS		
Nellie Francis-Savice	16 Miller Avenue, Provin	Leve, RI 02905	
Winston N Savice	16 Miller Ave, Box R	I 02905	
Krystal W. Savice	16 Miller Ave, Prov. 1	RI 02905	
,			
	Check the box t	o indicate an attachment	
7. The name and address of each incorpora	· · · · · · · · · · · · · · · · · · ·		
NAME	ADDRESS	·	
Nellie Francis-Savice	16 Miller Ave, Provio		
Krystal W. Savice	16 Miller Ave, Prov		
Winston N Savice	16 Miller Avé, pros	1. RI 0290S	
		:	
	Check the box	to indicate an attachment 🔲	
8. Date when these Articles of Incorporation	n 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)			
Later effective date (Date must be no	more than 30 days from the date of ming)	,	
	affirm that I/we have examined these Articles of Inco atements contained herein are true and correct.	orporation, including any	
Type or Print Name of Incorporator		Date / /	
Nellie Francis-S	avice	4/24/2024	
Signature of Incorporator			
700	•		
Type or Print Name of Incorporator		Date	
Krystel W. Savia	e e	4/21/2024	
Signature of Incorporator	·.		
K. Savice	,		
Type or Print Name of Incorporator		Date // 2 /2 - 2 / 1	
Winston N Savi	e.	4/22/2024	
Signature of Incorporator	-		
Winston N. Javice			

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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 24, 2024 10:59 AM

Gregg M. Amore

Tregs M. Coure

Secretary of State

