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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:
Fifteen Liberian Diaspora Counties Associations Of Sons Daughters 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 is organized are:
 To foster and make adjustments of its members and Affiliates to the social, economic, education,, health, culture, conditions in the USA, , Rhode Island, African, American, Europe etc Communities as well as fostering relationships between its members, affiliates, and the Liberian, Rhode Island ,Communities as well as in Liberia and its Peoples. Promote peace, financial support and to satisfy the well being of its members, Affiliates and others in need of assistance.
 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 Nellie Francis-Savice		
Street Address (NOT a P.O. Box) 16 Miller Avenue		
City Providence	State RHODE ISLAND	Zip Code 02905

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
Nellie Francis-Savice	16 Miller Avenue, Providence, RI 02905
Winston N Savice	16 Miller Ave, Prov RI 02905
Krystal W. Savice	16 Miller Ave, Prov. RI 02905

Check the box to indicate an attachment

7. The name and address of each incorporator is:

NAME	ADDRESS
Nellie Francis-Savice	16 Miller Ave, Providence, RI 02905
Krystal W. Savice	16 Miller Ave, Prov. RI 02905
Winston N Savice	16 Miller Ave, Prov. RI 02905

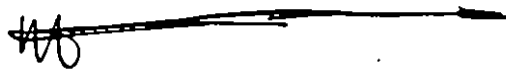
Check the box to indicate an attachment

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 <u>Nellie Francis-Savice</u>	Date <u>4/24/2024</u>
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Signature of Incorporator 
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Type or Print Name of Incorporator <u>Krystal W. Savice</u>	Date <u>4/21/2024</u>
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Signature of Incorporator <u>K. Savice</u>

Type or Print Name of Incorporator <u>Winston N Savice</u>	Date <u>4/22/2024</u>
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Signature of Incorporator <u>Winston N. Savice</u>
