



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$35.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation**

**Articles of Incorporation**

(Chapter 7-6-34 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the corporation is One Wood and Water College of Heroes

**ARTICLE II**

The period of its duration is X Perpetual     

**ARTICLE III**

The specific purpose or purposes for which the corporation is organized are:

ONE WOOD AND WATER COLLEGE OF HEROES IS AN ETHNIC, CULTURAL, AND FOLK ORGANIZATION UNDER CULTURAL HERITAGE WHICH SEEKS TO EDUCATES AND INFORMS MEMBERS OF THE JAMAICAN DIASPORA SPREAD AROUND THE WORLD OF THE SELFLESS SACRIFICES AND ACTIONS THE SEVEN JAMAICAN NATIONAL HEROES THROUGH VARIOUS TEACHING AND EDUCATION TECHNIQUES. THIS EFFORT IS PART OF A COMPREHENSIVE APPROACH TO ASSISTING MEMBERS OF THE JAMAICAN DIASPORA TO KEEP IN TOUCH WITH, HAVE PRIDE IN, AND CELEBRATE THEIR JAMAICAN ROOTS, CULTURE, AND HERITAGE. ONE WOOD AND WATER COLLEGE OF HEROES WILL INSTILL AND REINFORCE KNOWLEDGE AND SET THE STAGE FOR DEBATING, CONTEMPLATING, AND APPRECIATING FROM A NEW PERSPECTIVE THE SEVEN JAMAICAN NATIONAL HEROES THEIR SACRIFICES, AND THEIR IMPACT ON MAKING JAMAICAN THE COUNTRY THAT IT IS TODAY.

**ARTICLE IV**

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:

N/A

#### ARTICLE V

The street address (post office boxes are not acceptable) of the initial registered office of the corporation is:

No. and Street: 969 WEST MAIN ROAD  
APT 9601

City or Town: MIDDLETOWN

State: RI

Zip: 02842

The name of its initial registered agent at such address is CRAIG ANTHONY GRANT

#### ARTICLE VI

The number of directors constituting the initial Board of Directors of the Corporation is 5 and the names and addresses of the persons who are to serve as the initial directors are:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	CRAIG ANTHONY GRANT	969 WEST MAIN ROAD, APT 9601 MIDDLETOWN, RI 02842 USA
DIRECTOR	BELINDA GRANT	200 BETHEL LOOP BROOKLYN, NY 11239 USA
DIRECTOR	CHRISTOPHER GRANT	13903 MANISTEE BURNHAM, IL 60633 USA
DIRECTOR	TRICIA SMITH-LEAVY	29622 ESCONDIDO, CA 92026 USA
DIRECTOR	KEITH DALEY	25610 N ARROWHEAD DR MUNDELEIN, IL 60060 USA

#### ARTICLE VII

The name and address of the incorporator is:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	CRAIG ANTHONY GRANT	969 WEST MAIN ROAD APT 9601 MIDDLETOWN, RI 02842 USA

#### ARTICLE VIII

Date when corporate existence is to begin 04/29/2024

(not prior to, nor more than 30 days after, the filing of these Articles of Incorporation)

**Signed this 29 Day of April, 2024 at 5:40:22 PM by the incorporator(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's*

*act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

**Enter signature(s) below.**

CRAIG A. GRANT

Form No. 200  
Revised 09/07

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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:

April 29, 2024 05:40 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*

