RI SOS Filing Number: 202454764790 Date: 5/22/2024 5:26:00 PM



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)

٨	RT	

The name of the corporation is Medical Debt Relief Coalition

ARTICLE II

The period of its duration is X Perpetual

ARTICLE III

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

THE SPECIFIC PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED INCLUDE
PURCHASING MEDICAL DEBT WITHIN THE RHODE ISLAND COMMUNITY AND SUBSEQUENTLY
FORGIVING THAT DEBT. THE ORGANIZATION AIMS TO ALLEVIATE FINANCIAL BURDENS
ON INDIVIDUALS AND FAMILIES FACING MEDICAL EXPENSES, THEREBY ENHANCING
THEIR QUALITY OF LIFE AND CONTRIBUTING TO OVERALL COMMUNITY WELL-BEING. BY
ADDRESSING MEDICAL DEBT THROUGH FORGIVENESS, THIS NONPROFIT SEEKS TO REDUCE
STRESS AND FINANCIAL INSECURITY, EMPOWERING RESIDENTS TO FOCUS ON THEIR
HEALTH AND WELL-BEING RATHER THAN ON OVERWHELMING FINANCIAL OBLIGATIONS.

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:

ARTICLE V

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

No. and Street: 47 WOOD AVE SUITE 2

City or Town: BARRINGTON State: RI Zip: 02806

The name of its initial registered agent at such address is NORTHWEST REGISTERED AGENT LLC

ARTICLE VI

The number of directors constituting the initial Board of Directors of the Corporation is 3

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	LUKE ANTHON SEQUEIRA	69 BROWN STREET #2739 PROVIDENCE, RI 02912 USA
DIRECTOR	CHRIS SEQUEIRA	4422 MALLARD PT COLUMBUS, IN 47201 USA
DIRECTOR	LESLIE SEQUEIRA	4422 MALLARD PT COLUMBUS, IN 47201 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	LUKE ANTHON SEQUEIRA	69 BROWN STREET #2739 PROVIDENCE, RI 02912 USA

ARTICLE VIII

Date when corporate existence is to begin $\frac{5/23/2024}{}$

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

Signed this 22 Day of May, 2024 at 5:27:45 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.

LUKE SEQUEIRA

Form No. 200 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved

RI SOS Filing Number: 202454764790 Date: 5/22/2024 5:26:00 PM



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:

May 22, 2024 05:26 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

