



State of Rhode Island
Department of State - Business Services Division

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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: FRIENDS OF WANSKUCK LIBRARY		
2. The period of its duration is: CHECK ONE BOX ONLY		
<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: SUPPORT PROGRAMS & SERVICES AT WANSKUCK LIBRARY, PART OF COMMUNITY LIBRARIES OF PROVIDENCE		
		Check the box to indicate an attachment <input type="checkbox"/>
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: OUR AFFAIRS ARE OVERSEEN BY PRESIDENT, TREASURER & SECRETARY, ELECTED BY MEMBERS		
		Check the box to indicate an attachment <input type="checkbox"/>
5. Name and address of the initial registered agent/office in Rhode Island is:		
Agent Name PATRICIA RAUB		
Street Address (NOT a P.O. Box) 86 BRADLEY ST		
City PROVIDENCE	State RHODE ISLAND	Zip Code 02908

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
PATRICIA RAUB	86 BRADLEYS T, PROVIDENCE RI
KATHLEEN STACK	28 ROYAL ST. PROVIDENCE 02904
JANET CARETTI	76 DE PINEDO ST, PROVIDENCE 02904

Check the box to indicate an attachment

7. The name and address of each incorporator is:

NAME	ADDRESS
PATRICIA RAUB	ABOVE

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 PATRICIA RAUB	Date 7/3/24
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Signature of Incorporator
Patricia Raub

Type or Print Name of Incorporator	Date
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Signature of Incorporator

Type or Print Name of Incorporator	Date
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Signature of Incorporator

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.