



State of Rhode Island
Department of State - Business Services Division

REC'D RHODES BSD
24 JUL 19 PM 12:35:17

Certificate of Correction

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-41.1 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number: 1770763	2. The name of the corporation is: Latina Leadership Institute of Rhode Island
3. The document to be corrected is: <u>Articles of Incorporation</u>	4. The date the document being corrected was originally filed: 03/11/2024
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: The word "INSTITUTE" is misspelled. There is a T missing. Correct name and spelling: "Latina Leadership Institute of Rhode Island" <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
6. The new corrected portion of the document states as follows: Latina Leadership Institute of Rhode Island <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The corrected document MUST be attached to this certificate.	

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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BY GSYI

8. The correction was adopted in the following manner: **CHECK ONE BOX ONLY**

- ☒ The correction was adopted at a meeting of the members held on 07/10/2024, at which meeting a quorum was present, and the correction received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.
- ☐ The correction was adopted by a consent in writing on _____, signed by all members entitled to vote with respect thereto.
- ☐ The correction was adopted at a meeting of the Board of Directors held on _____, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer of the Corporation

Delia Rodriguez-Masjoan

Date

7/19/2024

Signature of Authorized Officer of the Corporation





State of Rhode Island
Department of State - Business Services Division

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24 JUL 19 PM 12:35:15

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: Latina Leadership Institute of Rhode Island		
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: The Latina Leadership Institute of Rhode Island (LLI) offers leadership and civic engagement training for Latinas, enabling them to connect with emerging and influential leaders across the state. LLI focuses on developing personal, professional, and social skills, fostering relationships with diverse community leaders, and promoting positive change through leadership and civic engagement opportunities. <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
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: None <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Delia Rodriguez-Masjoan		
Street Address (<u>NOT</u> a P.O. Box) 104 Tell Street, Apt 1		
City Providence	State RHODE ISLAND	Zip Code 02909

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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BY 65YV1

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
Delia Rodriguez-Masjoan	104 Tell Street, Apt 1, Providence, RI 02909
Maribel Echeverry McLaughlin	87 Varnum Avenue, Pawtucket, RI 02860
Sylvia Bernal	26 Vernon Street, Providence, RI 02903

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
Delia Rodriguez-Masjoan	104 Tell Street, Apt 1, Providence, RI 02909
Maribel Echeverry McLaughlin	87 Varnum Avenue, Pawtucket, RI 02860
Sylvia Bernal	26 Vernon Street, Providence, RI 02903

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.

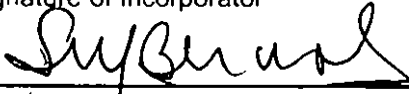
Type or Print Name of Incorporator	Date
Delia Rodriguez-Masjoan	7/19/2024

Signature of Incorporator



Type or Print Name of Incorporator	Date
Sylvia Bernal	7/19/2024

Signature of Incorporator



Type or Print Name of Incorporator	Date
Maribel Echeverry McLaughlin	7/19/2024

Signature of Incorporator

