



State of Rhode Island  
Department of State - Business Services Division

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24 JUL 19 PM 4:03:21

### Certificate of Correction

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

**RI DOS MADE EDITS PER FILER**

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

1. Entity ID Number: <b>1776530</b>	2. The name of the corporation is: <b>Mommy &amp; ME organization</b>
3. The document to be corrected is: <b>Articles of Incorporation</b>	4. The date the document being corrected was originally filed: <b>7/17/24</b>
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:  <b>when the purpose set reads to engage in any lawful activity for which a limited liability company may be organized Name was written as the Mommy &amp; ME organization</b>  <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: <b>the purpose is: to provide financial assistance, Room &amp; Board for single mothers that are struggling with housing stability. Also to provide stability for teenager who are struggling with addiction and homelessness.</b>  <b>The Name is Mommy &amp; ME Foundation</b>  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The corrected document <b>MUST</b> 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](http://www.sos.ri.gov)

**FILED**

JUL 19 2024

By **E Eg**  
**403** **KS**

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 \_\_\_\_\_, 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 7/18/24, 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

Date

*Brittany Paerli*

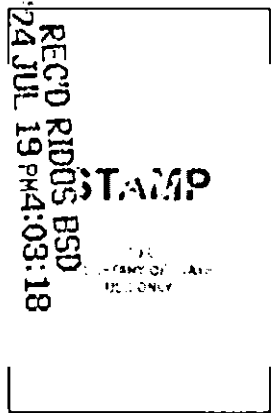
*7/19/24*

Signature of Authorized Officer of the Corporation

*[Signature]*



State of Rhode Island  
Department of State - Business Services Division



## Articles of Incorporation

DOMESTIC Non-Profit Corporation

**RI DOS MADE EDITS PER FILER**

→ 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: <u>Mommy &amp; ME Foundation</u>		
2. The period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<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: <u>provide financial assistance, room and board for single mothers that are struggling with housing stability. Also to provide stability for teenagers who are struggling with addiction and homelessness.</u>		
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:		
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 <u>Berthany Powell</u>		
Street Address (NOT a P.O. Box) <u>154 Earle street unit 3</u>		
City <u>Central falls</u>	State <u>RHODE ISLAND</u>	Zip Code <u>02863</u>

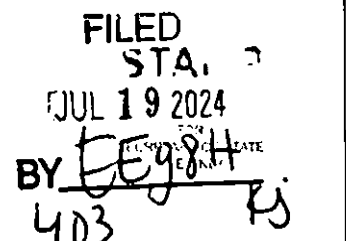
**MAIL TO:**

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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
Berttany Powell	154 Earle Street unit <sup>3</sup> Central falls RI 02863
Jenika Peters	110 Charles way unit <sup>8</sup> Johnston, RI 02929
Ijah Chandler	140 Charles way unit <sup>2</sup> Johnston, RI 02929

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:


NAME	ADDRESS
Berttany Powell	154 Earle Street unit <sup>3</sup> Central falls, RI 02863

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
Berttany Powell	7/19/24
Signature of Incorporator	
	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	