



REC'D PROCS PSS
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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: <p style="text-align: center; font-size: 1.2em;"><i>Second Chance</i></p>		
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: <i>To help people that are incarcerated, male or female to help build their credit, to teach them financial literacy to help them look for housing and teach them working skills and help them reconnect back to society.</i>		
		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 <p style="text-align: center;"><i>Leroy Robinson</i></p>		
Street Address (NOT a P.O. Box) <p style="text-align: center;"><i>65 Narragansett AVE</i></p>		
City <p style="text-align: center;"><i>Providence</i></p>	State <p style="text-align: center;">RHODE ISLAND</p>	Zip Code <p style="text-align: center;">02402</p>

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
Tyrell Stevens	65 Narragansett AVE providence R.I 02901
Derek S. Jones	20 Walnut St North providence 02904 RI
Robert Robinson	22 Berkeley St. Cranston R.I 02910

Check the box to indicate an attachment

7. The name and address of each incorporator is:

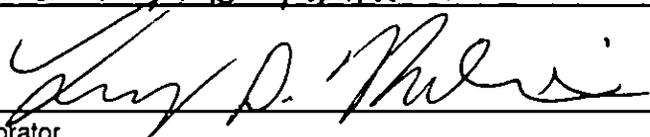
NAME	ADDRESS
Leroy Robinson	36 Carter St. Providence R.I 02901

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
Leroy D. Robinson	09/16/2024
Signature of Incorporator	
	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	