State of Rhode Island **Department of State - Business Services Division** амр Articles of Incorporation **DOMESTIC Non-Profit Corporation** 01 9.A10 → 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: Silver Lake OL neuville Little Loaque 2. The period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going) Date certain for dissolution 3. The specific purpose or purposes for which the corporation is organized are: Little League and softball Check the box to indicate an attachment 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 Name and address of the initial registered agent/office in Rhode Island is: Agent Name Concepción NTONIO inares Street Address (NOT a P.O. Box) anor oril State Zip Code Cit **RHODE ISLAND** 1990 MAIL TO: FILED Ì, **Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 SEP Website: www.sos.ri.gov

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| 6. The number of the initial Board of Directors of the Corporation is (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:                            |                                       |              |
|--|---------------------------------------|--------------|
| NAME   | ADDRESS                               |              |
| ontonio concepcion linares 143 lonox oue Providence RI 02907   |                                       |              |
| Somes FNIAdeau JR  | 32 SWAHOW DR GRONS                    | STON RSORADO |
| Moises agromonto 74 Bennett are cronston RI 2390   |                                       |              |
| Karlongely Rivera  | 124 Sterry St Pawfuck                 |              |
| Check the box to indicate an attachment  |                                       |              |
| 7. The name and address of each incorpo  | · · · · · · · · · · · · · · · · · · · |              |
| NAME   | ADDRESS                               |              |
| Antonio Concepios Linare   |                                       | 102 RI 03987 |
| Jomes Nadeau Ja  | 124 sterry st kwtuch                  | et Rt 02860  |
| Morses agramate  | 74 Bennett Oxe Cronston               | ) RI 02920   |
| ,  |                                       |              |
| 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 /       |
| ANTONIO CONCEPLIO,   | N LINARES                             | 9/26/2024    |
| Signature of Incorporator  |                                       |              |
| antes  |                                       | . ,          |
| Type or Print Name of Incorporator   |                                       | Date         |
| JAMES NADERV J   | R                                     | 9/24/2024    |
| Signature of Incorporator  |                                       |              |
|  |                                       |              |
| Type or Print Name of Incorporator   |                                       | Date         |
| 100185 Ug romonie  |                                       | 9/26/2024    |
| Signature of Incorporator  |                                       |              |
|  |                                       |              |
|  |                                       |              |
| 1  |                                       |              |

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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.

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

September 27, 2024 09:11 AM

Areg M. Couve

Gregg M. Amore Secretary of State

