



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDGESS BSD  
24 OCT 2 PM 3:29:52  
TAMP  
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: <i>Sickle Cell Alternative Pain Circle</i>		
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 and Support Those Affected by Sickle Cell Anemia/Disease through Alternative Pain Management.</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 <i>Jon CAMPBELL</i>		
Street Address (NOT a P.O. Box) <i>19 Thackeray St</i>		
City <i>Providence</i>	State <b>RHODE ISLAND</b>	Zip Code <i>02907</i>

### 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  
3:29  
OCT 2 2024  
BY *Yviam*  
FORM 200- Revised: 12/2023

6. The number of the initial Board of Directors of the Corporation is 4 (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:

NAME	ADDRESS
ZACHARY HAZARD	11 DEACON PARK DRIVE, RIVERSIDE R.I. 02915
JOHN CAMPBELL	P.O. Box 40219 Prov. RI 02940
Corinne Foley	39 Ortolena Dr. Prov. RI 02909
Carlos Zabala	145 Royal AVE, Cranston, RI 02920

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

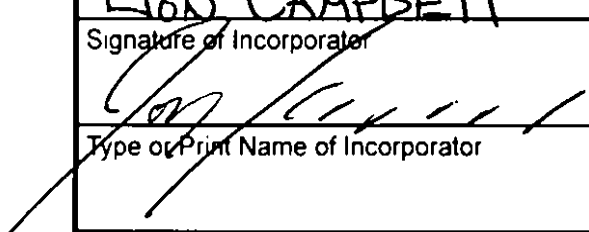
NAME	ADDRESS
JOHN CAMPBELL	P.O. Box 40219 Prov. RI 02940

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
JOHN CAMPBELL	10-1-24
Signature of Incorporator	
	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	



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:

October 02, 2024 03:29 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

