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State of Rhode Island
Department of State - Business Services Division

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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 <u>7-6-34</u>, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:				
Cristian Misionary YN				
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:				
Help The people				
community service and assistance				
RI DOS MADE EDITS PER FILER  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 □				
5. Name and address of the initial registered agent/office in Rhode Island is:				
Agent Name Jenus N Breton				
Street Address (NOT a P.O. Box) 115 SIX AUR WOOSOCKET				
City Providence woonsocket State RHODE ISLAND Zip Code 02907				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 21 2024 2: 030m BY LKS X41K3K

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			
Yenusy N Prefan	115 SIX	AVC		
Welly Delacruz	115 Six	AVR		
NARSISO Delacra	115 SIX	AVe		
Check the box to indicate an attachment				
7. The name and address of each incorporator is:				
NAME YEALLY N Breton	ADDRESS //5 5	IX AVE		
Nelly Delacruz	115 5.	1X AUC		
<u> </u>				
-				
		Check the box to	indicate an attachment	
8. Date when these Articles of Incorporation	n will be effective: CHECK ON	E BOX ONLY		
☐ Date received (Upon filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing) 1/1/2025				
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 $11/25/24$	Iristian Misio	inary ORG	Date 11 /21 /24	
Signature of Incorporator				
Type or Print Name of Incorporator ×	en.wynBreto	n	Date 11/21/2024	
Signature of Incorporator  Yemwy & poten				
Type or Print Name of Incorporator 🗶	Nelly Dela	Cruz	11/21/2024	
Signature of Incorporator	ide la Co			

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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:

November 21, 2024 02:03 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

