State of Rhode Island
Department of State - Business Services Division

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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:

RI Childcare Provider's Fund.

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:

Colect money for Seasons Celebrations

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: Alexandra Flores

Street Address (NOT a P.O. Box): 62 Aldine St.

City	State	Zip Code
Providence	RHODE ISLAND	02909

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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FORM 200- Revised 12/2023

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
Alexandra Flores	62 Aldine St. Prov. RI. 02909
Emma Villa	25 Regent Av. Prov. RI. 02908
Mirka De La Cruz	223 Whitter Ave. Prov. RI. 02909

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
Alexandra Flores	Same
Emma Villa	SAME
Mirka De La Cruz	SAME

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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
Alexandra Flores	1/8/25
Signature of Incorporator: Alexandra Flores	
Type or Print Name of Incorporator: Emma Villa	Date: 1/8/25
Signature of Incorporator: Emma Villa	
Type or Print Name of Incorporator: Mirka De La Cruz	Date: 1/8/25
Signature of Incorporator: Mirka De La Cruz	

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.