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State of Rhode Island Department of State - Business Services Division

RICO RIDOS AMP
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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:

| cliothing Atticles of Incorporation for Such Corporation. | | |
|--|---------------------|------------------------------------|
| 1. The name of the corporation is: | WMS. | |
| 1. The name of the corporation is: Sclool STREET CONDOMIN | 101.5 | |
| | | |
| 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 | n is organized are: | |
| Housing | • | |
| | | |
| | | |
| | | |
| | Check the l | box to indicate an attachment |
| A Descriptions of any matrices are interest with the law which the | | |
| Provisions, if any, not inconsistent with the law, which the for the regulation of the internal affairs of the corporation are | | in these Articles of Incorporation |
| | | |
| | | • |
| | | |
| | Check the I | box to indicate an attachment |
| 5. Name and address of the initial registered agent/office in | | |
| Agent Name | | - |
| JOSEPH PELLY IT | | |
| Street Address (NOT a P.O. Box) | <u> </u> | · |
| 173 Schol ST | | |
| City Fand of all | State RHODE ISLAND | Zip Code |
| 40KZSIDALZ | KUÓDE ISTAND | <u> </u> |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 3.51 SIAMP FEB 18 2025 SECRETARY OF STATE

| | ADDRESS |
|--|--|
| JOSEPH PERRY JK | 173 School ST PONESTIPALE REPORT |
| JAMES PERRY | SAME |
| GAil H Smith | SAME |
| · | |
| } | Check the box to indicate an attachment |
| 7. The name and address of each incorp NAME | ADDRESS |
| | |
| JOSEPH ERRY JA | - 173 School ST ParesTDAL9 RI |
| - | |
| <u> </u> | |
| | |
| | Check the box to indicate an attachment |
| 8. Date when these Articles of Incorpora | tion will be effective: CHECK ONE BOX ONLY |
| Date received (Upon filing) | |
| | |
| Later effective date (Date must be t | no more than 30 days from the date of filing) |
| 9. Under penalty of perjury, I/we declare | no more than 30 days from the date of filing) and affirm that I/we have examined these Articles of Incorporation, including any statements contained herein are true and correct. |
| 9. Under penalty of perjury, I/we declare accompanying attachments, and that all Type or Print Name of Incorporator | and affirm that I/we have examined these Articles of Incorporation, including an statements contained herein are true and correct. Date |
| 9. Under penalty of perjury, I/we declare accompanying attachments, and that all Type or Print Name of Incorporator | and affirm that I/we have examined these Articles of Incorporation, including an statements contained herein are true and correct. Date |
| 9. Under penalty of perjury, I/we declare accompanying attachments, and that all | and affirm that I/we have examined these Articles of Incorporation, including an statements contained herein are true and correct. Date |
| 9. Under penalty of perjury, I/we declare accompanying attachments, and that all Type or Print Name of Incorporator | and affirm that I/we have examined these Articles of Incorporation, including an statements contained herein are true and correct. Date |
| 9. Under penalty of perjury, I/we declare accompanying attachments, and that all Type or Print Name of Incorporator SEFH ELCH Signature of Incorporator | and affirm that I/we have examined these Articles of Incorporation, including any statements contained herein are true and correct. Date 2-18-2035 |
| 9. Under penalty of perjury, I/we declare accompanying attachments, and that all Type or Print Name of Incorporator Signature of Incorporator Type or Print Name of Incorporator | and affirm that I/we have examined these Articles of Incorporation, including any statements contained herein are true and correct. Date 2-18-2035 |

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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:

February 18, 2025 03:51 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

