

## State of Rhode Island **Department of State - Business Services Division**

## 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:

The name of the corporation is:			
Friends helpi	ng Friend	SRT.	
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 food The hungry of Tail & deliver albahing			
To the	2 Shelter 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	<b>:</b> :		
Check the box to indicate an attachment   5. Name and address of the initial registered agent/office in Rhode Island is:			
Agent Name	Triloge Island is.		
Lewis Trayeon			
Street Address (NOT a P.O. Box)   BUES & PER	Į,		
city Che pacher	State RHODE ISLAND	Zip Code 02814	
		su Sh	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 3 0 2025

	<u> </u>		
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		
Lowis Tryear	50 Evergreen	Rd Chepachet	
Pierre Leveilla	50 Evergran	RoChepacher	
Folia Estabooks	Totvergreen	Rd Chepachel	
	<b>U</b>	<b>1</b>	
		Check the box to indicate an attachment	
7. The name and address of each incorpor	ator is:		
NAME	ADDRESS		
Lewis Prycar	30 Evergreen	Rox Chepachit	
PIERE LEVELLEE	SO EVERGACEN	RD ChEPACKET	
Edna Estabnobs	50 L'vergren	Kel Chepacher	
	0		
		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, /	
Lewis tryeor		4/30/2005	
Signature of Incorporator			
Leve tryeor			
Type or Print Name of Incorporator		Date	
Pierre Leveille	e	4/30/2025	
Signature of Incorporator  Mene Coverland			
Type or Print Name of Incorporator		Date	
Edna Estabroo	ks	4/30/2025	
Signature of Incorporator			
Edna Cotalooks		4/30/2025	