



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

REC'D RIDOS BSD
25 JUN 2 PM 12:22:39

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:

United Kidney Foundation

2. The period of its duration is: CHECK ONLY ONE BOX

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

3. The specific purpose or purposes for which the corporation is organized are:

To provide Hope, Support, Empowerment
and ENGAGEMENT TO ALL CANADIANS
aFFECTED BY Kidney Disease.

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:

FOOD, GOODS necessary
items, such as clothing, materials, or supplies
for a specific purpose.

Check the box to indicate an attachment. ☐

5. Name and address of the initial registered agent/office in Rhode Island is:

Name

Johnny Corona

Street Address (NOT a P.O. Box)

115 GOLDSMITH AVE #308

City

EAST PROVIDENCE

State

RHODE ISLAND

Zip Code

02914

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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BY LCS VPTBY

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
SILVIA DE LEON	6 TICKNOR ST, Providence ^{RI} 02909
MARIA BONIFACIA	3 OLMSTED WAY ^{APT. 102} Providence ^{RI} 02904
Alexandra Corona	148 MAPLEWOOD AVE ^{CRANSTON RI} 02920

Check the box to indicate an attachment. ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
Johnny G. Corona	115 GOLDSMITH AVE EAST, Prov. ^{Ap # 308} 02914

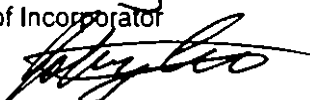
Check the box to indicate an attachment. ☐

8. Date when these articles will be effective: **CHECK ONLY ONE BOX**

- ☒ Date received (Upon filing)
- ☐ Later effective date (Date must be no more than 30 days from the day of filing) _____

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
Johnny G. Corona	6/2/25

Signature of Incorporator	
	

Type or Print Name of Incorporator	Date

Signature of Incorporator	

Type or Print Name of Incorporator	Date

Signature of Incorporator	