



State of Rhode Island
Department of State - Business Services Division

Articles of Incorporation

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

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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: THE REBUILD PROJECT		
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: THE REBUILD PROJECT, INC. IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES UNDER SECTION 501 (c)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX AIDE; FOR THE PURPOSE OF FACILITATING SUBSTANCE ABUSE RECOVERY BY 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: BYLAWS Check the box to indicate an attachment ☐		
5. Name and address of the initial registered agent/office in Rhode Island is:		
Agent Name MARIA DORVAL		
Street Address (NOT a P.O. Box) 1524 ATWOOD AVE SUITE 244		
City JOHNSTON	State RHODE ISLAND	Zip Code 02919

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

(CONTINUED FROM QUESTION #3)

OFFERING FINANCIAL ASSISTANCE FOR SOBER LIVING
AND ALL OTHER LAWFUL CHARITABLE PURPOSES.

The Rebuild Project

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
MARIA DORVAL	1524 ATWOOD AVE SUITE 244 JOHNSTON, RI 02919
ERICA BISATURO	1524 ATWOOD AVE SUITE 244 JOHNSTON, RI 02919
KEVIN MARTIN	1524 ATWOOD AVE SUITE 244 JOHNSTON, RI 02919

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
MARIA DORVAL	1524 ATWOOD AVE SUITE 244 JOHNSTON, RI 02919

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
MARIA DORVAL	06/02/2025

Signature of Incorporator


Type or Print Name of Incorporator	Date

Signature of Incorporator

Type or Print Name of Incorporator	Date

Signature of Incorporator

RI DOS MADE BY NON-SUBSTANTIVE EDITS