



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
JUN 9 PM 1:14:16  
FOR  
STATE OF RHODE ISLAND  
USE ONLY

# Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number:  1790442	2. The name of the corporation is:  Safe Haven Learning Center Inc.
3. The document to be corrected is:  Articles of Incorporation	4. The date the document being corrected was originally filed:  5/15/25
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:  I typed center instead of Academy.	
6. The new corrected portion of the document states as follows:  Safe Haven Learning Academy Inc.	
7. The corrected document <b>MUST</b> be attached to this certificate.	
8. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.	

Check the box to indicate an attachment ☐

Check the box to indicate an attachment ☐

## MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED 1:14P

JUN 09 2025 STAMP

BY BVG 66

9. Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

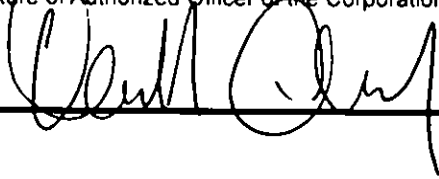
Type or Print Name of Authorized Officer of the Corporation

Date

Darnell Albury

6/9/25

Signature of Authorized Officer of the Corporation





State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 JUN 9 PM 1:14:21

AMP

FOR  
SECRETARY OF STATE  
USE ONLY

## Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1.2-202, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is: <u>Safe Haven Learning Academy Inc.</u>		
<input type="checkbox"/> Check if this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended.		
2. The total number of shares which the corporation has the authority to issue is: (Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)		
<b>Total Authorized Shares (Number of Shares)</b>	<b>Class of Stock</b>	<b>Par Value Per Share</b>
<u>0</u>	<u>stk</u>	<u>0.01</u>
If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2. State any provisions here (optional): <input type="checkbox"/> Check the box to indicate an attachment		
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <u>Darnell Albany</u>		
Street Address (NOT a P.O. Box) <u>9 Anthony Ave</u>		
City/Town <u>Pawtucket</u>	State <u>RHODE ISLAND</u>	Zip Code <u>02860</u>
4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.		

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY BVG66

5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment ☐

6. The name and address of each incorporator is:

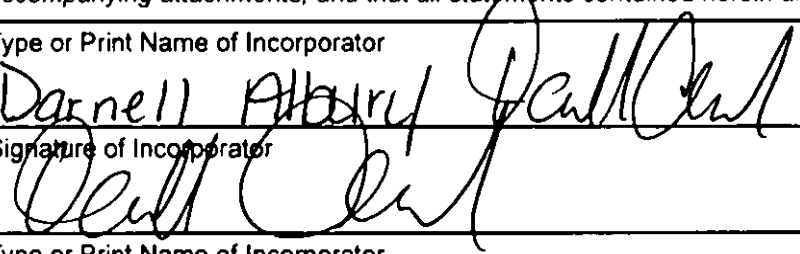
Name <b>Darnell Albury</b>	Address <b>9 Anthony Ave</b>	
City/Town <b>Pawtucket</b>	State <b>RI</b>	Zip Code <b>02860</b>
Address		
City/Town	State	Zip Code
Name		
Address		
City/Town	State	Zip Code

7. 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 90 days from the date of filing) \_\_\_\_\_

8. 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 <b>Darnell Albury</b>	Date <b>6/9/25</b>
Signature of Incorporator 	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

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:

June 09, 2025 01:14 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

