State of Rhode Island
Department of State - Business Services Division

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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 7-6-34, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:
THE SOFIA NOVA 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:
HELP WITH THE IMMIGRATION PROCESS AND IMMIGRATION ATTORNEY COST

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:
NONE AT THIS TIME

Check the box to indicate an attachment ☐

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

Agent Name RONALD DETHOMAS

Street Address (NOT a P.O. Box) 2067 MINERAL SPRING AVE

City	State	Zip Code
NORTH PROVIDENCE	**RHODE ISLAND**	02911

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 STAMP
JUN 11 2025
BY: [signature]

FORM 200-Revised 12/2023

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
MYA NYSTROM	600 COLE FARM ROAD B 25 WARWICK RI 02889
JOSEPH ABATIELLO	600 COLE FARM ROAD B 25 WARWICK RI 02889
ARLENE LAPRADE	717 ROOSEVELT AVE PAWTUCKET RI 02860

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
MYA NYSTROM	600 COLE FARM ROAD B 25 WARWICK RI 02889

Check the box to indicate an attachment ☐

8. Date when these Articles of Incorporation will be effective: **CHECK ONE BOX ONLY**

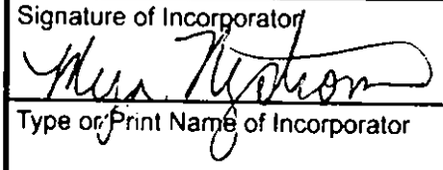
☑ Date received (Upon filing)

☐ 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
MYA NYSTROM	06/11/25

Signature of Incorporator



Type or Print Name of Incorporator	Date

Signature of Incorporator

Type or Print Name of Incorporator	Date

Signature of Incorporator

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.