

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

## Articles of Incorporation DOMESTIC Business Corporation

→ Filling Fee \$230 00 minimum

adopt(s) the following Articles of Incorporation is:		
	2	
Affluent Health Lad	Dearly Corporation	SS as amended
Check If this a close corporation pu	insuant to RIGL 7-1,2-1701 of the General Laws, 19	700, 00 0000
2. The total number of shares which the (Links of horwise stated all authors)	e corporation has the authority to issue is zed shares are deemed to have a nominal or par v	alue of \$0.01 per share.)
Total Authorized Shares (Number of Shares)	Class of Stock	Par Valuo Per Share
	CNP	1. W
· 		
If you desire, you may include a stateme	nt of all or any of the designations and the power, pro	eferences, and rights, including
voting rights, and the qualifications, fimili	ent of all or any of the designations and the power, propertions, or restrictions of them which are permitted by  Check to  American Owned	eferences, and rights, including the provisions of RIGL <u>7-1.2</u> . The box to indicate an attachment
voting rights, and the qualifications, timits State any provisions here (optional):  RHODE ISIAND Nation	etions, or restrictions of them which are permitted by  Check the American Owned	the hinausions of there takes
voting rights, and the qualifications, limits State any provisions here (optional):  RHODE ISIAND Nation  3. The name and address of the initial	ations, or restrictions of them which are permitted by	the hinausions of there takes
voting rights, and the qualifications, limits State any provisions here (optional):  RHODE ISIAND Nation  3. The name and address of the initial Agent Name	etions, or restrictions of them which are permitted by  Check the American Owned	the hinausions of there takes
voting rights, and the qualifications, limits State any provisions here (optional):  RHODE ISIAND Nation  3. The name and address of the initial	registered agent/office in Rhode Island is:	the hinausions of there takes
voting rights, and the qualifications, limits State any provisions here (optional):  RHODE ISIAND Nation  3. The name and address of the initial Agent Name  Wisy Machael  Street Address (NOI a P.O. Box)	etions, or restrictions of them which are permitted by  Check the American Owned	ne box to Indicate an attachment
voting rights, and the qualifications, limits State any provisions here (optional):  RHODE ISIAND Nation  3. The name and address of the initial Agent Name  Misty Machado  Street Address (NOI a P.O. Box)  1020 Raldhill Cd.	registered agenVoffice in Rhode Island is:  Suite 119  State	the hinausions of there takes
voting rights, and the qualifications, timits State any provisions here (optional):  LHodE IS 14 and Nation  3. The name and address of the initial Agent Name  Listy Machado  Street Address (NOT a P.O. Box)  1020 Raldhill (d. City/Town	registered agent/office in Rhode Island is:	Zip Code

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 4:44 PM FILED KM

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5. Additional provisions, if any, not inconsistent with	th RIGI 7-1 2 which the income	ators elect to have set forth in these
Articles of Incorporation	in Mot. F. LZ willon me incorpor	DIGIO / CON MOTHER SEPTIMENT TO THE
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		_
	Ch	eck the box to indicate an attachment.
6. The name and address of each incorporator is	:	
Name	Address	
Misty Machado	26 Ywu1505	siane W.
City/Town	State	Zip Code
Cranston	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	62920
Name	Address	
Cincere Welson	20 Houtsog	ine Dr.
Cincere Welson City/Town Cranston	State	Zip Code
Cranston	Rul_	02920
Name	Address	
City/Town	State	Zip Code
7. Date when these Articles of Incorporation will t	pe effective: CHECK ONE BOX	ONLY
Date received (Upon filing) 9/8/2025	-	
Later effective date (Date must be no more	than 90 days from the date of fi	ing)
Tater ellective date (pate meet o	the second that	on Adicles of Incomposition, including any
8. Under penalty of perjury, I/we declare and affir accompanying attachments, and that all stateme	m that I/we have examined the: 38 Antained herein are true 81	d correct.
	nis contained victoria et a	Date
Type or Print Name of Incorporator		55.0
Misty Machado		
Misty Machado Signature of Incorporator		
1 A		
b: m sto		Date
Type or Print Name of Incorporator		
Cincere Nelson		
Cincers of Incomprator		
Signature of Incorporator		
Cincera nelson		Date
Type or Print Name of Incorporator		
-		
Signature of Incorporator		

RI SOS Filing Number: 202578071590 Date: 9/8/2025 4:44:00 PM



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:

September 08, 2025 04:44 PM

Gregg M. Amore Secretary of State

Treg M. Coure

