

## **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:			
Diversified Commonit	d Services, inc		
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:			
Provide various services to the community			
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:			
N/A			
	<b>.</b>		
Check the box to indicate an attachment.			
5. Name and address of the initial registered agent/office in Rhode Island is:			
Name Marc-s Mitchell			
Street Address (NOT a P.O. Box)  \[ \ \ 3 \int A \int b in = t \cdot d \int s \cdot \]			
City Providence	State RHODE ISLAND	Zip Code ム29さん	

## 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

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<ol><li>The number of the initial Board of Director address of the persons who are to serve as</li></ol>	· · · · · · · · · · · · · · · · · · ·	ectors) and the names and	
NAME	ADDRESS		
Lynette Lopes	135 Abbett st. Providen	m R1 62906	
Marcus Mitchell	135 Abbett st. Providen	c R1 02906	
Mary Ann Gobern Methous	51 Outlook Ave Eust Proce	3-2 RI 02914	
Peter Lee	12 Spinnaker Dr Riverside		
Check the box to indicate an attachment. ☐			
7. The name and address of each incorporator is:			
NAME	ADDRESS		
Marcus Mitchell	135 Abbott st. Providence RI	1 22966	
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	
Marcus Mitchell		12-30 16	
Signature of Incorporator	SIGN DOCUMENT HERE		
Type or Print Name of Incorporator		Date	
Signature of Incorporator	SIGN DOCUMENT HERE		
Type or Print Name of Incorporator		Date	
Signature of Incorporator	SIGN DOCUMENT HERE		

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

