



**The Commonwealth of Massachusetts  
William Francis Galvin**

Minimum Fee: \$35.00

Secretary of the Commonwealth, Corporations Division  
One Ashburton Place, 17th floor  
Boston, MA 02108-1512  
Telephone: (617) 727-9640

**Articles of Organization**  
(General Laws, Chapter 180)

Identification Number: 001251833

**ARTICLE I**

The exact name of the corporation is:

SOBER 4 LIFE INC

**ARTICLE II**

The purpose of the corporation is to engage in the following business activities:

TO OFFER TRANSITIONAL HOUSING FOR RECOVERING RESIDENTS AND TO PROVIDE A SAFE AND ENCOURAGING ENVIRONMENT IN WHICH TO PRACTICE SOBRIETY. TO ASSIST RECOVERING RESIDENTS IN LEARNING THE SKILLS NEEDED TO EFFECTIVELY MAINTAIN THEIR SOBRIETY INDEPENDENTLY.

**ARTICLE III**

A corporation may have one or more classes of members. If it does, the designation of such classes, the manner of election or appointments, the duration of membership and the qualifications and rights, including voting rights, of the members of each class, may be set forth in the by-laws of the corporation or may be set forth below:

**ARTICLE IV**

Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows:

*(If there are no provisions state "NONE")*

*Notes: The preceding four (4) articles are considered to be permanent and may only be changed by filing appropriate Articles of Amendment.*

**ARTICLE V**

The by-laws of the corporation have been duly adopted and the initial directors, president, treasurer and clerk or other presiding, financial or recording officers, whose names are set out on the following page, have been duly elected.

**ARTICLE VI**

The effective date of organization of the corporation shall be the date approved and filed by the Secretary of the Commonwealth. If a *later* effective date is desired, specify such date which shall not be more than *thirty days* after the date of filing.

**ARTICLE VII**

The information contained in Article VII is not a permanent part of the Articles of Organization.

**a. The street address (post office boxes are not acceptable) of the principal office of the corporation in Massachusetts is:**

No. and Street: 244 COUNTY STREET  
 City or Town: ATTLEBORO State: MA Zip: 02703 Country: USA

**b. The name, residential street address and post office address of each director and officer of the corporation is as follows:**

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	SHAWNA O'BRIEN	244 COUNTY STREET ATTLEBORO, MA 02703 USA	until resignation or removal
TREASURER	SHAWNA O'BRIEN	244 COUNTY STREET ATTLEBORO, MA 02703 USA	until resignation or removal
VICE PRESIDENT	PAMELA PROULX SCULLY	244 COUNTY STREET ATTLEBORO, MA 02703 USA 25 MANHATTAN AVENUE FAIRHAVEN, MA 02719 USA	until resignation or removal
ASSISTANT TREASURER	PAMELA PROULX SCULLY	25 MANHATTAN AVENUE FAIRHAVEN, MA 02719 USA 25 MANHATTAN AVENUE FAIRHAVEN, MA 02719 USA	until resignation or removal
CLERK	SHAWNA O'BRIEN	25 MANHATTAN AVENUE FAIRHAVEN, MA 02719 USA 244 COUNTY STREET ATTLEBORO, MA 02703 USA	until resignation or removal
DIRECTOR	PAMELA PROULX SCULLY	244 COUNTY STREET ATTLEBORO, MA 02703 USA 25 MANHATTAN AVENUE FAIRHAVEN, MA 02719 USA	until resignation or removal
DIRECTOR	SHAWNA O'BRIEN	25 MANHATTAN AVENUE FAIRHAVEN, MA 02719 USA 244 COUNTY STREET ATTLEBORO, MA 02703 USA	until resignation or removal
		244 COUNTY STREET ATTLEBORO, MA 02703 USA	

**c. The fiscal year (i.e., tax year) of the business entity shall end on the last day of the month of:**

December

**d. The name and business address of the resident agent, if any, of the business entity is:**

Name: SHAWNA O'BRIEN  
No. and Street: 244 COUNTY STREET  
City or Town: ATTLEBORO State: MA Zip: 02703 Country: USA

**Filer's Contact Information**

*(Enter a contact name, mailing address, and email and/or phone number.)*

Contact Name: SHAWNA O'BRIEN  
Business Name:  
No. and Street: 244 COUNTY STREET  
City or Town: ATTLEBORO State: MA Zip: 02703 Country: USA  
Contact Phone: (508) 699-2522 ext:  
Contact Email: so@sober4life.org

**Please provide an email address to receive an expedited response from the Corporations Division.  
If the filing is rejected for any reason, you will be contacted. If no email address is provided, correspondence from the Division will be sent by mail.**

**I/We, the below signed incorporator(s), do hereby certify under the pains and penalties of perjury that I/we have not been convicted of any crimes relating to alcohol or gaming within the past ten years. I/We do hereby further certify that to the best of my/our knowledge the above-named officers have not been similarly convicted. If so convicted, explain:**

SHAWNA O'BRIEN

**IN WITNESS WHEREOF AND UNDER THE PAINS AND PENALTIES OF PERJURY, I/we, whose signature(s) appear below as incorporator(s) and whose name(s) and business or residential address(es) beneath each signature do hereby associate with the intention of forming this business entity under the provisions of General Law, Chapter 180 and do hereby sign these Articles of Organization as incorporator(s) this 15 Day of December, 2016. (If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)**

SHAWNA O'BRIEN