



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

2015 DEC 16 AM 10:36
 DEPARTMENT OF STATE
 CORPORATIONS DIV

Articles of Incorporation
Business Corporation
 Filing Fee: \$230.00 minimum

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

| | | |
|---|-----------------------|----------------------------|
| 1. The name of the corporation is: | | |
| Transom, Inc | | |
| Is this a close corporation pursuant to <u>RIGL 7-1.2-1701</u> of the General Laws, 1956, as amended? <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| 2. The total number of shares which the corporation has the authority to issue is: (<u>RIGL 7-1.2-605</u>) (Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.) | | |
| Total Authorized Shares (Number of Shares) | Class of Stock | Par Value Per Share |
| 1,000 | | \$.01 |
| | | |
| | | |
| 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 <u>RIGL 7-1.2</u> . State any provisions here (<i>optional</i>): Check this box to indicate an attachment. | | |
| | | |
| 3. The name and address of the initial registered agent/office of the corporation is: | | |
| Agent Name Brad Fesma Sam Duket | | |
| Street Address (<u>NOT</u> a P.O. Box) 21 Roanoke St. | | |
| City/Town Providence | State RHODE ISLAND | Zip Code 02908 |
| 4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with <u>RIGL 7-1.2</u> . | | |

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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 this box to indicate an attachment.

6. The name and address of each incorporator is: (RIGL 7-1.2-201)

| | |
|-----------------------------|---|
| Name <i>Brad Fesmina</i> | Address <i>38 Heaton Orchard Rd.</i> |
|-----------------------------|---|

| | | |
|-----------------------------------|--------------------|--------------------------|
| City/Town <i>West Kingston</i> | State <i>RI</i> | Zip Code <i>02892</i> |
|-----------------------------------|--------------------|--------------------------|

| | |
|------|---------|
| Name | Address |
|------|---------|

| | | |
|-----------|-------|----------|
| City/Town | State | Zip Code |
|-----------|-------|----------|

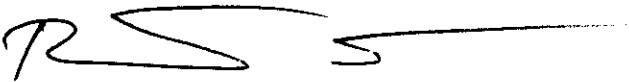
| | |
|------|---------|
| Name | Address |
|------|---------|

| | | |
|-----------|-------|----------|
| City/Town | State | Zip Code |
|-----------|-------|----------|

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

- Date received (Upon filing)
 Later effective date (Date must be no more than 90 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.

| | |
|--|-------------------------|
| Signature of Incorporator  | Date <i>12/16/15</i> |
|--|-------------------------|

| | |
|---------------------------|------|
| Signature of Incorporator | Date |
|---------------------------|------|

| | |
|---------------------------|------|
| Signature of Incorporator | Date |
|---------------------------|------|

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.



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

