HOPE

 State of Rhode Island and Providence Plantations

 Department of State - Business Services Division

 148 W. River Street, Providence, Rhode Island 02904-2615

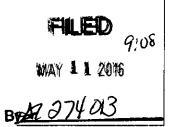
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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

2015 HAY 1 1	RECEIV SECRETARY OF CORPORATION
AM 9: 08	VED OF STATE IONS DIV
, <del>m</del>	,

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

1. The name of the corporation is:				
VITO'S PIZZA & SUBS INC.				
Is this a close corporation pursuant to	RIGL 7-1.2-	1701 of the General La	ws, 1956, as	amended? 🖌 Yes 🗌 No
2. The total number of shares which the c (Unless otherwise stated all authorized				
Total Authorized Shares (Number of Shares)	Clas	ss of Stock	Pa	r Value Per Share
100	COMMON		.01	
		<b>4</b> 0	- <u> </u>	
If you desire, you may include a statement of voting rights, and the qualifications, limitatio State any provisions here ( <i>optional</i> ): NO PROVISIONS		ons of them which are pe	ermitted by the	
3. The name and address of the initial reg	istered agent	t/office of the corporatio	n is:	
Agent Name LORI A. MODICA				
Street Address ( <u>NOT</u> a P.O. Box) 107 A C	UCUMBER H	HILL RD		
City/Town FOSTER	State	RHODE ISLAND		Zip Code 02825
4. The corporation has the purpose of eng dissolved or terminated in accordance with			nall have perp	oetual existence until



5. Additional provisions, if any, not inconsistent with <u>RIGL 7-1.2</u> which the incorporators elect to have set forth in these Articles of Incorporation:						
NO ADDITIONAL PROVISION	S					
		c	Check this box to indicate an attachment.			
6. The name and address of each incorporator is: (RIGL 7-1.2-201)						
Name WILLIAM E. MODICA		Address 107 A CUCUMBER HILL RD				
City/Town FOSTER	State RI		Zip Code 02825			
Name	· · · · · · · · · · · · · · · · · · ·	Address				
City/Town	State		Zip Code			
Name	- <b>-</b>	Address				
City/Town	State	1	Zip Code			
7. Date when these Articles of I	ncorporation will be effe	ctive: 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			
A HALLS - C THUS ON OF			05-10-16			
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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

