



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

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SECRETARY OF STATE  
CORPORATIONS DIV  
2016 MAY 11 AM 9:08

**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:                                                                                                                                                                                                                                                                                                                                                  |                       |                            |
| VITO'S PIZZA & SUBS 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="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                           |                       |                            |
| 2. The total number of shares which the corporation has the authority to issue is: ( <u>RIGL 7-1.2-605</u> )<br>(Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)                                                                                                                                                      |                       |                            |
| <b>Total Authorized Shares<br/>(Number of Shares)</b>                                                                                                                                                                                                                                                                                                                               | <b>Class of Stock</b> | <b>Par Value Per Share</b> |
| 100                                                                                                                                                                                                                                                                                                                                                                                 | COMMON                | .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> .<br>State any provisions here (optional): <input type="checkbox"/> Check this box to indicate an attachment. |                       |                            |
| NO PROVISIONS                                                                                                                                                                                                                                                                                                                                                                       |                       |                            |
| 3. The name and address of the initial registered agent/office of the corporation is:                                                                                                                                                                                                                                                                                               |                       |                            |
| Agent Name LORI A. MODICA                                                                                                                                                                                                                                                                                                                                                           |                       |                            |
| Street Address ( <u>NOT</u> a P.O. Box) 107 A CUCUMBER HILL RD                                                                                                                                                                                                                                                                                                                      |                       |                            |
| City/Town<br>FOSTER                                                                                                                                                                                                                                                                                                                                                                 | State<br>RHODE ISLAND | Zip Code<br>02825          |
| 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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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|--|
| <b>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:</b>                                                     |             |                                   |  |
| NO ADDITIONAL PROVISIONS <div style="text-align: right; margin-top: 10px;">           Check this box to indicate an attachment. <input type="checkbox"/> </div>                                                          |             |                                   |  |
| <b>6. The name and address of each incorporator is: (<u>RIGL 7-1.2-201</u>)</b>                                                                                                                                          |             |                                   |  |
| Name<br>WILLIAM E. MODICA                                                                                                                                                                                                |             | Address<br>107 A CUCUMBER HILL RD |  |
| City/Town<br>FOSTER                                                                                                                                                                                                      | State<br>RI | Zip Code<br>02825                 |  |
| Name                                                                                                                                                                                                                     |             | Address                           |  |
| City/Town                                                                                                                                                                                                                | State       | Zip Code                          |  |
| Name                                                                                                                                                                                                                     |             | Address                           |  |
| City/Town                                                                                                                                                                                                                | State       | Zip Code                          |  |
| Name                                                                                                                                                                                                                     |             | Address                           |  |
| City/Town                                                                                                                                                                                                                | State       | Zip Code                          |  |
| <b>7. Date when these Articles of Incorporation will be effective: CHECK ONLY ONE BOX</b>                                                                                                                                |             |                                   |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                                          |             |                                   |  |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____                                                                                                           |             |                                   |  |
| <i>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.</i> |             |                                   |  |
| Signature of Incorporator                                                                                                                                                                                                |             | Date                              |  |
|                                                                                                                                       |             | 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](mailto:corporations@sos.ri.gov).