

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

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

2016 SEP - 7	SECRETULY SECRETULY SECRETULY
PH 2	

1. The name of the corporation is:			Tip Time
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VMTCS Group, Inc.			
Is this a close corporation pursuant to	RIGI 7-1 2-1701 of the General	Llaws 1956 as amended?	Yes XX No
The total number of shares which the		, ·····	103 [22] 110
(Unless otherwise stated, all authorize			per share.)
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Pe	
600 shares	Common	No Par Value	
		4	
If you desire, you may include a statement	of all or any of the designations as	nd the nower preferences and	Lriabte including
voting rights, and the qualifications, limitati			
State any provisions here (optional):	•	Check the box to indica	
·			
	•		
3. The name and address of the initial re	gistered agent/office in Rhode Is	land is:	
Agent Name			
Joseph A. Lamagna			
Street Address (NOT a P.O. Box) 2417 N			
2417 N	flendon Road		
City/Town	State	DE ISLAND	
City/Town Woonsocket		DE ISLAND	D2895
	agging in any lawful business a	and aball house personal sylet	once until disselved
 The corporation has the purpose of en or terminated in accordance with RIGL 7 		no snan nave perpetuai exist	ence unui dissoived

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**

SEP 07 2016

FORM 100 - Revised: 05/2016

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Additional provisions, if any, not inconsisted Articles of Incorporation:	ent with RIGL 7-1.2 which the incorpo	orators elect to have set forth in these	
None			
	Ch	reck the box to indicate an attachment.	
The name and address of each incorpora		eck the box to indicate an attachment.	
Name Joseph A. Lamagna	Address 2417 Mend	Address 2417 Mendon Road	
City/Town Woonsocket	State RI	Zip Code 02895	
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 m	ore than 90 days from the day of filin	ng)	
Under penalty of perjury, I/we declare and afa accompanying attachments, and that all state			
Type or Print Name of Incorporator	Date		
Joseph A Lamagna	September 7, 2016		
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	SER TON JOOD NEW		

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

