



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 SEP 12 PM 2:25

**Articles of Incorporation**

**DOMESTIC 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:

AJ's Plumbing & Heating Inc.

Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? ☐ Yes ☒ No

2. The total number of shares which the corporation has the authority to issue is:

(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**

100

Common

\$1.00

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 RIGL 7-1.2.

State any provisions here (optional):

Check the box to indicate an attachment. ☐

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name

ALAN VOGEL

Street Address (NOT a P.O. Box)

23 WASHINGTON STREET

City/Town

NORTH PROVIDENCE

State

RHODE ISLAND

Zip Code

02904-4837

4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

SEP 12 2016

BY CH 283281  
2:25

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 the box to indicate an attachment. ☐

6. The name and address of each incorporator is:

|                                      |                                     |                          |
|--------------------------------------|-------------------------------------|--------------------------|
| Name<br><b>ALAN A. JERBAULD</b>      | Address<br><b>395 WOODWARD ROAD</b> |                          |
| City/Town<br><b>NORTH PROVIDENCE</b> | State<br><b>RI</b>                  | Zip Code<br><b>02904</b> |
| 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.*

|                                                               |                         |
|---------------------------------------------------------------|-------------------------|
| Type or Print Name of Incorporator<br><b>ALAN A. JERBAULD</b> | Date<br><b>9/9/2016</b> |
|---------------------------------------------------------------|-------------------------|

|                                                                                                                  |                    |
|------------------------------------------------------------------------------------------------------------------|--------------------|
| Signature of Incorporator<br> | 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 | SIGN DOCUMENT HERE |
|---------------------------|--------------------|



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:

Nellie M. Gorbea  
*Secretary of State*

