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SECRETARY OF STATE
CORPORATIONS DIV

2016 SEP 19 AM 10: 36

Articles of IncorporationDOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned acting as incorporator(s) adopt(s) the following Articles of Incorporation		<u>7-1.2,</u>	
The name of the corporation is:	don for odon oorpordaon.		
Amanda	Hannon 1	Properti	es, Inc.
Is this a close corporation pursuant to	RIGL <u>7-1,2-1701</u> of the Gene	ral Laws, 1956, as a	mended? Yes No
2. The total number of shares which the co (Unless otherwise stated, all authorized			lue of \$0.01 per share.)
Total Authorized Shares (Number of Shares)	Class of Stock	Pa	r Value Per Share
100	STK		.01
If you desire, you may include a statement of voting rights, and the qualifications, limitation State any provisions here (optional):		h are permitted by the	
3. The name and address of the initial reg	gistered agent/office in Rhode	island is:	
Agent Name Armanda	Hannon		
Street Address (NOT a P.O. Box)	riew St		
City/Town Lincoln	State	ODE ISLAND	Zip Code
4. The corporation has the purpose of engor terminated in accordance with RIGL 7-		and shall have perp	

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

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5. Additional provisions, if any, not inconsistent with RIGL 7. Articles of incorporation:	-1.2 which the inc	orporators elect to have set forth in these Check the box to indicate an attachment.		
6. The name and address of each incorporator is:		oned, the box to maloate an atalaminent.		
Amanda Hannon	Address 14 Sunview St			
City/Town	State RT	Zip Code		
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 Amarola Hannon	Date 9/8/16			
Signature of Incorporator Sign Department HERE				
Type or Print Name of Incorporator		Date		
Signature of Incorporator SIGN DOCUMENT HERE				
Type or Print Name of Incorporator		Date		
Signature of Incorporator				

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

