



2016 OCT -6 AM II: 06

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:				
The name of the corporation is:			·	
Savia Corp.				
Is this a close corporation pursuant to	PICL 7 1 2-1701 of the General I	ave 1056 as amandad?	Yes No	
2. The total number of shares which the o	corporation has the authority to iss	ue is:		
(Unless otherwise stated, all authorize			· · · · · · · · · · · · · · · · · · ·	
Total Authorized Shares (Number of Shares)	Class of Stock	Class of Stock Par Value Per Share		
1000	Common	No Par	No Par	
If you design you may include a statement	-f -W			
If you desire, you may include a statement voting rights, and the qualifications, limitation		permitted by the provisions	of RIGL <u>7-1.2</u> .	
State any provisions here (optional):		Check the box to indica	ite an attachment.	
3. The name and address of the initial reg	istered agent/office in Rhode Islar	nd is:		
Agent Name Joseph R. Palumbo, Jr.				
Street Address (<u>NOT</u> a P.O. Box) 294 Val	ley Road			
City/Town Middletown	State RHODE	Zip Code C)2842	
4. The corporation has the purpose of engor terminated in accordance with RIGL 7-	gaging in any lawful business, and	shall have perpetual existe	ence until dissolved	

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 INDOQ

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5. Additional provisions, if any, not inconsistent with RIGL 7 Articles of Incorporation:	7-1.2 which the inco	prporators elect to have set forth in these		
,				
		Check the box to indicate an attachment.		
6. The name and address of each incorporator is:				
Name Joseph R. Palumbo, Jr.	Address 294 Valley Road			
City/Town Middletown	State R.I.	Zip Code 02842		
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 day	ys from the day of t	filing)		
Under penalty of perjury, I/we declare and affirm that I/we had accompanying attachments, and that all statements contain	ave examined thes ed herein are true	e Articles of Incorporation, including any and correct.		
Type or Print Name of Incorporator		Date		
Joseph R. Palumbo, Jr.		10/03/2016		
Signature of Incorporator alumbo SIGN DOCUMENT HERE				
Type or Print Name of Incorporator		Date		
the s				
Signature of Incorporator SIGN DOCU	UMENT HERE	•		
Type or Print Name of Incorporator		Date		
Type of Filler Hame of Moorpolator		Date		
Signature of Incorporator SIGN DOCU	UMENT HERE			

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

