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R.I. STATE STATE OF S

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned acting as incorporator(s) of the corporation under RIGL <u>7-1.2-202</u>, adopt(s) the following Articles of Incorporation for such corporation:

Bayon Cafe INC.		
lo this a standard		
2. The total number of	t to RIGL <u>7-1,2-1701</u> of the General La	aws, 1956, as amended? 🗾 Yes 🔝 No
Unless otherwise stated of surface	he corporation has the authority to issu	re is:
Total Authorized Shares	ized snares are deemed to have a non	ninal or par value of \$0.01 per share.)
(Number of Shares)	Class of Stock	Par Value Per Share
1000	Commun	
	Common	1.00
		
Ou desire you may includ		
ou desire, you may include a statemer	nt of all or any of the designations and th	e power, preferences, and rights, including
ou desire, you may include a statementing rights, and the qualifications, limitate any provisions here (optional)	nt of all or any of the designations and th ations, or restrictions of them which are p	e power, preferences, and rights, including ermitted by the provisions of RIGL 7-1-2
ou desire, you may include a statementing rights, and the qualifications, limitate any provisions here (optional):	nt of all or any of the designations and th ations, or restrictions of them which are p	cirrilled by the provisions of RIGL 7-12
ou desire, you may include a statementing rights, and the qualifications, limitate any provisions here (optional):	nt of all or any of the designations and th ations, or restrictions of them which are p	e power, preferences, and rights, including ermitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachment.
you desire, you may include a statementing rights, and the qualifications, limitate any provisions here (optional):	nt of all or any of the designations and th ations, or restrictions of them which are p	cirrilled by the provisions of RIGL 7-12
rou desire, you may include a statementing rights, and the qualifications, limitate any provisions here (optional):	nt of all or any of the designations and th ations, or restrictions of them which are p	cirrilled by the provisions of RIGL 7-12
tte any provisions here (optional):	west willout and p	Check the box to indicate an attachment.
The name and address of the initial re	nt of all or any of the designations and thations, or restrictions of them which are personal that the second seco	Check the box to indicate an attachment.
The name and address of the initial re	west willout and p	Check the box to indicate an attachment.
The name and address of the initial reent Name Margaret A Caster CPA	egistered agent/office in Rhode Island	Check the box to indicate an attachment.
The name and address of the initial reent Name Margaret A Caster CPA	egistered agent/office in Rhode Island	Check the box to indicate an attachment.
The name and address of the initial reent Name Margaret A Caster CPA eet Address (NOT a P.O. Box)	egistered agent/office in Rhode Island	Check the box to indicate an attachment.
The name and address of the initial reent Name Margaret A Caster CPA	egistered agent/office in Rhode Island	Check the box to indicate an attachment.

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	7-1.2 which the inco	orporators 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 Olivia Kem Sayin Sarin	Address 36 Sweet Pea Drive			
City/Town Cranston	State RI	Zip Code 02921		
Name	Address	· — · · · · · · · · · · · · · · · · · ·		
City/Town	State	Zip Code		
Name	Address			
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation will be effect	ive: CHECK ONLY C	ONE BOX		
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		Date		
Olivia Kem Savin Sarin		10/25/2016		
Signature of Incorporator SIGNODQUMENT HERE				
Type or Print Name of Incorporator		Date 10/25/16		
Signature of Incorporator SIGN DC	DOUMENT HERE	=		
Type or Print Name of Incorporator		Date		
Signature of Incorporator	OCUMENT PERE	-		

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

