Filing Fee: \$50.00 ID Number: 9143>2



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FILED 10:35

BUSINESS CORPORATION

NOV 2 1 2016

By Le 388944

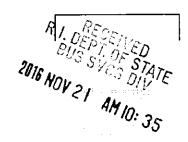
CERTIFICATE OF CORRECTION

Pursuant to the provisions of Section 7-1.2-105 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby submits the following Certificate of Correction:

| 1. | The name of the corporation is: | | | |
|----|---|--|--|--|
| 2. | The document to be corrected is ARTICLES OF TWO ORTORS TO | | | |
| 3. | The document being corrected was originally filed on <u>AUG</u> 21, 2019 | | | |
| 4. | Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement: FINDUTTILLE | | | |
| | WARNICK | | | |
| | AS AN FUCOPTORATOR | | | |
| | | | | |
| 5. | The corrected portion of the document states as follows: WELBERY SARKSON OS SOVE INCORPORTOR | | | |
| | | | | |
| | | | | |
| 6. | The document attached to this certificate is the corrected document. | | | |
| 7. | This Certificate of Correction shall be effective upon filing unless a specified date is provided which shall be no late than the 90 th day after the date of this filing | | | |
| Da | Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct | | | |

Form No. 113 Revised: 12/05





Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

| 1. The name of the corporation is: | | | |
|--|---|--|-------|
| NEVY 90 NEW | INC | / | |
| Is this a close corporation pursuant to f | | ws, 1956, as amended? Yes N | 0 |
| 2. The total number of shares which the co | orporation has the authority to issu | e is: | |
| (Unless otherwise stated, all authorized | | · · · · · · · · · · · · · · · · · · · | |
| Total Authorized Shares | Class of Stock | Par Value Per Share | |
| (Number of Shares) | | # 101 | |
| | | " , 0 / | |
| | | • | |
| | | | |
| | | | |
| - | | | |
| | | | |
| If you desire, you may include a statement o | of all or any of the designations and t | he power, preferences, and rights, including | g |
| voting rights, and the qualifications, limitation | of all or any of the designations and t thins, or restrictions of them which are | permitted by the provisions of RIGL $7-1.2$. | r |
| voting rights, and the qualifications, limitation | of all or any of the designations and t ns, or restrictions of them which are | he power, preferences, and rights, including permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachmen | r |
| voting rights, and the qualifications, limitation | of all or any of the designations and t ns, or restrictions of them which are | permitted by the provisions of RIGL $7-1.2$. | r |
| voting rights, and the qualifications, limitation | of all or any of the designations and t ns, or restrictions of them which are | permitted by the provisions of RIGL $7-1.2$. | |
| voting rights, and the qualifications, limitation | of all or any of the designations and t ns, or restrictions of them which are | permitted by the provisions of RIGL $7-1.2$. | r |
| voting rights, and the qualifications, limitation State any provisions here (<i>optional</i>): | ns, or restrictions of them which are | permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachmen | r |
| voting rights, and the qualifications, limitation State any provisions here (optional): | ns, or restrictions of them which are | permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachmen | r |
| voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial regional Name | istered agent/office in Rhode Islan | permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachmen | r |
| voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial regional Name | istered agent/office in Rhode Islan | permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachmen | r |
| voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial regional Name | ns, or restrictions of them which are | permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachmen | r |
| voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial regraph Name HERBELY JMC | istered agent/office in Rhode Islan | permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachmen | r |
| voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial regrated Name | istered agent/office in Rhode Island CK GOV State | permitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachment of the second o | r |
| voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial region Agent Name Street Address (NOT a P.O. Box) | istered agent/office in Rhode Island CK GOV State | permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachment of the box to indicate an attachment | r |
| voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial region of the initial regi | istered agent/office in Rhode Island CK GOV State RHODE | permitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachment of the box to indicate an attachment | nt. |
| voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial reginated from the state of the initial reginated from the initial regin | istered agent/office in Rhode Island CK GOV State RHODE Raging in any lawful business, and | permitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachment of the box to indicate an attachment | nt. 🗆 |
| voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial reginal Name Agent Name Street Address (NOT a P.O. Box) City/Town SAUN THE GOVERNMENT OF THE CORPORATION has the purpose of eng | istered agent/office in Rhode Island CK GOV State RHODE Raging in any lawful business, and | permitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachment of the box to indicate an attachment | nt. |
| voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial region Name HERE STATES Street Address (NOT a P.O. Box) 426 427 427 427 427 427 427 427 | istered agent/office in Rhode Island CK GOV State RHODE Raging in any lawful business, and | permitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachment of the box to indicate an attachment | olved |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

NOV 2 1 2016

| 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. | | | | |
| The name and address of each incorporator is: | | Check the box to indicate an attachment. | | | | |
| | Address | - | | | | |
| HERTERY TACKSON | 426 I | NOTAN CONNER CO | | | | |
| Name HERFERT TACKSON City/Town SIUNDERS TOWN | State | 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 effect | I ive: CHECK ONLY C | 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 | Date | | | | | |
| WELFELY TACKSON | | 1/12/12016 | | | | |
| 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 | CHAENT HEDE | | | | | |
| SIGN DOCUMENT 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

