

R.I. GATTA OF STATE PUR DEC _S ANN: 2

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:

The name of the corporation is:		
Safety Cap Inc.		
Is this a close corporation pursuant t	to RIGL <u>7-1.2-1701</u> of the General L	aws, 1956, as amended? X Yes No
The total number of shares which the (Unless otherwise stated, all authorize)		ue is: ominal or par value of \$0.01 per share.)
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
600	Common	No Par Value
		the power, preferences, and rights, including permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachment.
3. The name and address of the initial re	egistered agent/office in Rhode Islan	nd is:
Agent Name Gerald I. Carlson		
Street Address (<u>NOT</u> a P.O. Box) 1550 E	Elmwood Ave	
City/Town Cranston	State RHODE	Zip Code 02910
4. The corporation has the purpose of er or terminated in accordance with RIGL 7	ngaging in any lawful business, and	shall have perpetual existence 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 IC. >

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BY<u>Le 290043</u>

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6. The name and address of each incorporator is: Name Gerald I. Carlson State RI Zip Code 02806 Name Address City/Town Barrington State Zip Code Zip Code Zip Code Address City/Town State Zip Code Address City/Town State Zip Code 7. Date when these Articles of incorporation will be effective: CHECK ONLY ONE BOX Date received (Upon filling) Later effective date (Date must be no more than 90 days from the day of filling) Under penalty of perjury, live declare and affirm that live 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 Signature of Incorporator Date Type or Print Name of Incorporator Signature of Incorporator Date Type or Print Name of Incorporator Signature of Incorporator Signature of Incorporator Date Type or Print Name of Incorporator	5. Additional provisions, if any, not inconsistent with RIGL 7 Articles of Incorporation:	-1.2 which the inco	rporators elect to have set forth in these		
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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

