

## **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:

R.T. DESC.
12 PM 2: 00

<ol> <li>The name of the corporation is:</li> <li>SOUTH COUNTY CULTIVATORS, INC</li> </ol>	2.		
Is this a close corporation pursuant t	o RIGL <u>7-1,2-1701</u> of the General La	aws, 1956, as amended? 🔲 Yes 🗸 N	0
2. The total number of shares which the	Corporation has the authority to issue	e is: ninal or par value of \$0.01 per share.)	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	
1,000	Common	No Par Value	
		V	
If you desire, you may include a statement	of all or any of the designations and the	ne power, preferences, and rights, including	<del></del>
If you desire, you may include a statement voting rights, and the qualifications, limitati State any provisions here (optional):	t of all or any of the designations and thions, or restrictions of them which are p	he power, preferences, and rights, including permitted by the provisions of RIGL <u>7-1.2</u> .  Check the box to indicate an attachmen	
roung rights, and the qualifications, mintall	t of all or any of the designations and thions, or restrictions of them which are p	he power, preferences, and rights, including permitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachmen	
roung ngine, and the qualifications, mintall	t of all or any of the designations and thions, or restrictions of them which are p	permitted by the provisions of RIGL 7-1.2.	
State any provisions here (optional):	ions, or restrictions of them which are p	permitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachmen	
State any provisions here (optional):  3. The name and address of the initial re	ions, or restrictions of them which are p	permitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachmen	
State any provisions here (optional):  3. The name and address of the initial re	egistered agent/office in Rhode Island	permitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachmen	
State any provisions here (optional):  3. The name and address of the initial re Agent Name George A. Comolli, Esqui	egistered agent/office in Rhode Island	permitted by the provisions of RIGL <u>7-1.2.</u> Check the box to indicate an attachmen	
State any provisions here (optional):  3. The name and address of the initial re Agent Name George A. Comolli, Esqui	egistered agent/office in Rhode Island	Check the box to indicate an attachmen  d is:	

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 w	ith RIGL 7-1.2 which the incorpo	rators elect to have set forth in these		
Articles of Incorporation:  None				
1,0110				
6. The name and address of each incorporator is		eck the box to indicate an attachment,		
Name	Address	Address		
Richard D. Comolli	63 Arbutis	s Trail		
City/Town Charlestown	State RI	Zip Code <b>02813</b>		
Name	Address			
City/Town	State	Zip Code		
Name	Address			
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation will be	e effective: CHECK ONLY ONE	BOX		
✓ Date received (Upon filing)				
Later effective date (Date must be no more th				
Under penalty of perjury, I/we declare and affirm the accompanying attachments, and that all statements	hat I/we have examined these Ar ats contained herein are true and	rticles of Incorporation, including any correct.		
Type or Print Name of Incorporator		Date		
RICHARD D. COMOLLI		12-7-16		
	ON DOCUMENT HERE			
Type or Print Name of Incorporator		Date		
Signature of Incorporator	へんしいぐい ( 4.6.6.7 * 1.3.1 * 1.3.1 * 1.3.1 * 1.3.1 * 1.3.1 * 1.3.1 * 1.3.1 * 1.3.1 * 1.3.1 * 1.3.1 * 1.3.1 * 1.3	1		
	ON DOCUMENT HERE			
Type or Print Name of Incorporator		Date		
Signature of Incorporator SIG:	ON DOCUMENT HERE	1		
		,		