

Filing Fee: \$50.00

ID Number: 1669888



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

BUSINESS CORPORATION

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2017 JAN 19 AM 10:07

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:
Copacabana Restaurant, Inc.
2. The document to be corrected is The Articles of Incorporation and business name.
3. The document being corrected was originally filed on 01/11/2017
4. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement:
The corporation name was misspelled.

5. The corrected portion of the document states as follows:
The correct name of this corporation is Copacabana Restaurant, Inc.

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 later than the 90th day after the date of this filing _____

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.

Date: 01/11/2017

FILED

JAN 19 2017

Signature of Authorized Officer of the Corporation

Gregory J. Schadone

Type or Print Name of Authorized Officer

By 2293504



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Articles of Incorporation
DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

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

1. The name of the corporation is: Copacabana Restaurant, Inc.		
Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? ☒ Yes ☐ No		
2. The total number of shares which the corporation has the authority to issue is: (Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
3,000	CNP	\$0.00
_____	_____	_____
_____	_____	_____
_____	_____	_____
If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2. State any provisions here (optional): Check the box to indicate an attachment. ☐		
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Gregory J. Schadone		
Street Address (NOT a P.O. Box) 7 Waterman Avenue		
City/Town North Providence	State RHODE ISLAND	Zip Code 02911
4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.		

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 10:07

JAN 19 2017

By 2293504

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:

As stated in the by laws.

Check the box to indicate an attachment. ☐

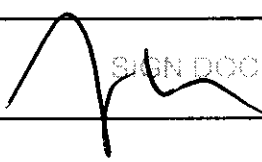
6. The name and address of each incorporator is:

Name Gregory J. Schadone	Address 7 Waterman Avenue	
City/Town North Providence	State RI	Zip Code 02911
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 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 Gregory J. Schadone	Date 1-11-17
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 SIGN DOCUMENT HERE	



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

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

