RI SOS Filing Number: 201734840760 Date: 2/27/2017 9:35:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned acting as incorporator(s) of the coradopt(s) the following Articles of Incorporation for su		<u>202,</u>		
1. The name of the corporation is:		-		
SGAMBATO'S SERVICE	e luc.			
Is this a close corporation pursuant to RIGL 7-1.	2-1701 of the General Law	s, 1956, as amended?	Yes No	
2. The total number of shares which the corporation (Unless otherwise stated, all authorized shares a			per share.)	
Total Authorized Shares ((Number of Shares)	Class of Stock		Par Value Per Share	
100				
		_		
If you desire, you may include a statement of all or any				
voting rights, and the qualifications, limitations, or restr State any provisions here (optional):	ictions of them which are pe	rmitted by the provisions Check the box to indica		
The name and address of the initial registered agent/office in Rhode Island is:				
Agent Name				
Kenneth J Alabeo	JR.			
Stroot Address (NOT a D.O. Paul)			<u>.</u>	
16 MATGEWSUN ST.				
City/Town	State	Zip Code	0.0	
Johnston	RHODE IS		7/9	
4. The corporation has the purpose of engaging in a	ny lawful business, and sha	all have perpetual existe	nce 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

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FEB 2: 2017

By \$72947(2)

5. Additional provisions, if any, not inconsistent with RIA Articles of Incorporation:	GL <u>7-1.2</u> which the inc	orporators elect to have set forth in these		
		Check the box to indicate an attachment.		
6. The name and address of each incorporator is:				
Name Kenne Pa J Calarson Ja City/Town	Address 16 Maj	Address 16 MAREWSON ST		
City/Town ンのhからアロル	State R	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 effe	ctive: CHECK ONLY C	DNE BOX		
Date received (Upon filing) Later effective date (Date must be no more than 9	0 days from the day of	filing)		
Under penalty of perjury, I/we declare and affirm that I/V accompanying attachments, and that all statements con				
Type or Print Name of Incorporator		Date		
Kennely J. CALABRO JR.		2-27-17		
Signature of Incorporator SIGN DOCUMENT HERE				
Type or Print Name of Incorporator		Date		
Signature of Incorporator SIGN D	OCUMENT HERE	•		
Type or Print Name of Incorporator		Date		
Signature of Incorporator	DOUMENT HERE	,		

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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:

February 27, 2017 09:35 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

