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State of Rhode Island and Provide		
Department of State - Bi	usiness Services Division	I
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• • • • •		R.I. DE BUS
Articles of Incorporation		
DOMESTIC Business Corporatio		
→ Filing Fee: \$230.00 minimum		
The education of the second		
The undersigned acting as incorporator(adopt(s) the following Articles of Incorpo		
1. The name of the corporation is:		
westbooks, 1td.		•
Is this a close corporation pursuant	to RIGL 7-1.2-1701 of the General Laws, 1956, a	as amended? 🔀 Yes 🗌 No
	e corporation has the authority to issue is:	
· · · · · · · · · · · · · · · · · · ·	zed shares are deemed to have a nominal or par	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
	Common	01
100	Common	.01
	<u> </u>	
If you desire, you may include a statemer	nt of all or any of the designations and the power, pr	references and rights including
voting rights, and the qualifications, limita	ations, or restrictions of them which are permitted by	the provisions of RIGL <u>7-1,2</u> .
State any provisions here (optional):	Check th	he box to indicate an attachment.
		8.1
		SEI BUS
		P I P
2. The same and address of the initial		<u> </u>
	registered agent/office in Rhode Island is:	
Agent Name		12: 12:
Francis J. West		<u> </u>
Street Address (<u>NOT</u> a P.O. Box)		
226 Carroll Avenue		
City/Town	State RHODE ISLAND	Zip Code
Newport		02840
 The corporation has the purpose of e or terminated in accordance with RIGL 	engaging in any lawful business, and shall have p	perpetual existence until dissolved
		i
		FILED
	19:9	42
MAIL TO:	,0.	

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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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.		
6. The name and address of each incorporator is:				
Name	Address			
Francis J. West	226 Carroll Av			
City/Town	State	Zip Code		
Newport	Rhode Island	02840		
Name	Address			
City/Town	State	Zip Code		
Name	Address			
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation will be effective	ve: CHECK ONLY ONE BO	X		
XX 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		
Francis J. West		08/31/2017		
Signature of Incorporator				
SIGN ROST HERE				
Prances /////				
Type of Pant Name of Incorporator		Date		
Signature of Incorporator	·····	I		
	OUMENT HERE			
Type or Print Name of Incorporator		Date		
Signature of Incorporator		l		
SIGN DOCUMENT HERE				

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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:

September 15, 2017 12:25 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

