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	<u>-202</u> ,
idopt(s) the following Articles of Incorporation for such corporation:	

1. The name of the corporation is:	attornor such corporation.	<u> </u>	<u></u>
'			
westbooks, 1td.			
Is this a close corporation pursuant t	o RIGL <u>7-1.2-1701</u> of the General Lav	vs. 1956, as amended? 🔀 Yes [No
The total number of shares which the (Unless otherwise stated, all authoriz	corporation has the authority to issue ed shares are deemed to have a nom	is: inal or par value of \$0.01 per share	<u></u>
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	•
100	Common	.01	
If you desire, you may include a statemen voting rights, and the qualifications, limitat State any provisions here (optional):	t of all or any of the designations and th ions, or restrictions of them which are p	e power, preferences, and rights, inc ermitted by the provisions of RIGL <u>7.</u> Check the box to indicate an attac SE	· <u>1,2</u> .
3. The name and address of the initial re	egistered agent/office in Rhode Island		700
Agent Name	sgiotored agonitorinos in pariodo iolaria		
Francis J. West		7.	•
Street Address (NOT a P.O. Box)	•) <u>m</u>
226 Carroll Avenue			•
City/Town	State	Zip Code	
Newport	RHODE		
4. The corporation has the purpose of er or terminated in accordance with RIGL 2	ngaging in any lawful business, and s 7-1.2.	hall 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 SEP 15-2017

By Le 312604

5. Additional provisions, if any, not inconsistent with RIGL 7 Articles of Incorporation:	'-1.2 which the incorporators	elect to have set forth in these
	Check the	e box to indicate an attachment.
The name and address of each incorporator is:		
Name Francis J. West	Address 226 Carroll Avenue	
City/Town Newport	State Rhode Island	Zip Code 0 2 8 4 0
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code
7. Date when these Articles of Incorporation will be effective	e: CHECK ONLY ONE BOX	
★X Date received (Upon filing) Later effective date (Date must be no more than 90 date)	ays from the day of filing)	
Under penalty of perjury, I/we declare and affirm that I/we had accompanying attachments, and that all statements contain		
Type or Print Name of Incorporator Francis J. West		Date 08/31/2017
Signature of Incorporator Wall Signature of Incorporator	MENT HERE	
Type of Pant Name of Incorporator		Date
Signature of Incorporator SIGN DOC	CUMENT HERE	
Type or Print Name of Incorporator		Date
Signature of Incorporator SIGN DOC	CUMENT HERE	