RI SOS Filing Number: 201751112990 Date: 10/6/2017 1:22:00 PM

State of Rhode Island and Providence Pla Department of State - Busines		-
roes.		20
Articles of Incorporation		R.I. DE BUS 2017 OCT
DOMESTIC Business Corporation		REC DEPT JS S/1-6
→ Filing Fee: \$230.00 minimum		6 PP 9
The undersigned acting as incorporator(s) of the adopt(s) the following Articles of Incorporation f	•	STATI DIV
The name of the corporation is:		
Rg walkovering & P	ainting INC	,
Is this a close corporation pursuant to RIGI	_ <u>7-1.2-1701</u> of the General Laws, 19	56, as amended? Yes No
The total number of shares which the corpo (Unless otherwise stated, all authorized share)		r par value of \$0.01 per share.)
Total Authorized Shares	Class of Stock	Par Value Per Share
(Number of Shares)		612
<u> 100</u>		<u>'1</u>
If you desire, you may include a statement of all voting rights, and the qualifications, limitations, of State any provisions here (optional):	r restrictions of them which are permitte	
3. The name and address of the initial register	ed agent/office in Rhode Island is	
Agent Name		
Ronald Giraldi	<u> </u>	
Street Address (NOT a P.O. Box)		
1 79 Julian St		

State

4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved

MAIL TO:

City/Town

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

or terminated in accordance with RIGL 7-1,2.

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 1:22.

OCT 0 6 2017

Zip Code

02861

RHODE ISLAND

5. Additional provisions, if any, not inconsistent with RIGL <u>7-1.2</u> which the incorporators elect to have set forth in these Articles of Incorporation:				
	Chaoli tha h			
The name and address of each incorporator is:	Check the t	pox to indicate an attachment.		
Name Ronald Giraldo	Address 79 Julian St			
City/Town Pawlucket	State	Zip Code O2861		
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 da	ys from the day of filing)			
Under penalty of perjury, I/we declare and affirm that I/we haccompanying attachments, and that all statements contain				
Type or Print Name of Incorporator Ronald Giraldo		Date 10 - 6 - 17		
Signature of Incorporator SIGN DOCUMENT HERE				
Type or Print Name of Incorporator		Date		
Signature of Incorporator SIGN DOC	UMENT HERE			
Type or Print Name of Incorporator		Date		
Signature of Incorporator SIGN DOC	UMENT 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:

October 06, 2017 01:22 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

