R.I. 655 1.05 STATE R.I. 655 1.05 STATE 2017 NOV - 9 AM 10:

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

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

1. The name of the corporation is:		ن. ن	
Jacky's Galaxie Lincolr	n. Inc		
is this a close corporation pursuant t	o RIGL <u>7-1.2-1701</u> of the General La	aws, 1956, as amended? 🔽 Yes 🔲 No	
The total number of shares which the (Unless otherwise stated, all authoriz		ue is: minal or par value of \$0.01 per share.)	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	
3000	common	no par	
If you dooire, you may include a statemen	t of all or any of the designations and t	the power, preferences, and rights, including	
voting rights, and the qualifications, limital	tions, 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	
as stated in the by laws			
3. The name and address of the initial re	ogistored agent/office in Phode Islan	nd ie-	
	egistered agentronice in Knode islan	iu i5.	
Agent Name Gregory J Schadone	SION DOCUMENT HETE		
Street Address (NOT a P.O. Box) 7 Wat	erman Avenue	,	
City/Town North Providence	State RHODE	Zip Code 02911	
4. The corporation has the purpose of e	ngaging in any lawful business, and	shall have perpetual existence until dissolved	
or terminated in accordance with RIGL	<u>7-1.2</u> .		

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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FORM 100 - Revised: 10/2017

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:				
as stated in the bylaws				
	Object the h	au ta indicata an attachment		
	Check the bi	ox to indicate an attachment		
6. The name and address of each incorporator is:				
Name KIN WAH KO	Address 39 Rivervi	ENLW DUVE		
City/Town NORTH DESCRIPTION OF PRINCIPLE	State 25	Zip Code		
NORTH PROVIDENCE	RI	men4 904		
Name	Address	U _O BNU-T		
Natile	Addiess			
		[7: 0-d-		
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 date 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 , ,			
Kin Wah Ko	1 11/0/17			
Kill Wall No				
Signature of Incorporator				
		Τ		
Type or Print Name of Incorporator		Date		
/				
Signature of Incorporator				
Type or Print Name of Incorporator		Date		
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Signature of Incorporator				
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