



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 FEB -21 PM 2:23

Article of Incorporation
Business Corporation
 Filing Fee: \$230.00 minimum

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


1. The name of the corporation is:		
SMITHFIELD LAWN SERVICES INC.		
Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. The total number of shares which the corporation has the authority to issue is: (Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
100	COMMON	1.00
If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2. State any provisions here (optional): Check this box to indicate an attachment. <input type="checkbox"/>		
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name DAVID CORSI		
Street Address (NOT a P.O. Box) 300 MORGAN AVE		
City/Town JOHNSTON	State RHODE ISLAND	Zip Code 02919
4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.		

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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 this box to indicate an attachment. <input type="checkbox"/>			
6. The name and address of each incorporator is:			
Name BRANDON M. LONCHAY		Address 10 LEVESQUE DR	
City/Town SMITHFIELD	State RI	Zip Code 02917	
Name		Address	
City/Town	State	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 effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) <u>JANUARY , 2018</u>			
<i>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.</i>			
Signature of Incorporator  SIGN DOCUMENT HERE		Date <u>1/12/18</u>	
Signature of Incorporator SIGN DOCUMENT HERE		Date	
Signature of Incorporator SIGN DOCUMENT HERE		Date	

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:

February 02, 2018 02:23 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

