## **Articles of Incorporation**

**DOMESTIC Business Corporation** 

→ Filing Fee: \$230.00 minimum

| The undersigned, acting as incorporator adopt(s) the following Articles of Incorpo  |  | RIGL <u>7-1.2-202,</u>          | 9.5   |  |
|---|--|---------------------------------|---|--|
| 1. The name of the corporation is:  |  |                                 | <del></del>   |  |
| Petrodriver Transporta  | ation Managemen  | t Services Co.                  |   |  |
| Is this a close corporation pursuant  | to RIGL <u>7-1.2-1701</u> of the Ge                                      | neral Laws, 1956, as amend      | ded? ☐ Yes ✓ No   |  |
| 2. The total number of shares which the (Unless otherwise stated, all authorities)  | •  | •                               | \$0.01 per share.)  |  |
| Total Authorized Shares<br>(Number of Shares)   | Class of Stock   |                                 | Par Value Per Share   |  |
| 1,000   | common   | 0.01                            | 0.01  |  |
|   |  |                                 |   |  |
|   |  |                                 |   |  |
| If you desire, you may include a statement voting rights, and the qualifications, limital State any provisions here (optional): | nt of all or any of the designatio<br>ations, or restrictions of them wh | hich are permitted by the provi | s, and rights, including isions of RIGL <u>7-1.2</u> . indicate an attachment |  |
| 3. The name and address of the initial r  | registered agent/office in Rho   | de Island is:                   |   |  |
| Agent Name Richard Caldarone, Jr.   |  |                                 |   |  |
| Street Address (NOT a P.O. Box) 100 E   | Boyd Avenue, Suite D   |                                 |   |  |
| City/Town East Providence   | State R  | HODE ISLAND                     | 02914   |  |
| 4. The corporation has the purpose of e or terminated in accordance with RIGL   |  | ss, and shall 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 FILED TAMP

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| 5. Additional provisions, if any, not inconsistent with R Articles of Incorporation:                          | IGL <u>7-1.2</u> which the inco | orporators elect to have set forth in these |  |
|---|---------------------------------|---|--|
| <u>.</u>  |                                 |   |  |
|   |                                 | Check the box to indicate an attachment     |  |
| 6. The name and address of each incorporator is:  | Address                         |   |  |
| Name<br>Ted Plummer   | 1250 B                          | 1250 Barclay Blvd                           |  |
| City/Town<br>Buffalo Grove  | State IL                        | Zip Code 60089                              |  |
| Name  | Address                         |   |  |
| City/Town   | State                           | Zip Code                                    |  |
| Name  | Address                         | · · · · · · · · · · · · · · · · · · ·       |  |
| City/Town   | State                           | Zip Code                                    |  |
| 7. Date when these Articles of Incorporation will be eff  | ective: CHECK ONE O             | NLY BOX                                     |  |
| Date received (Upon filing)  Later effective date (Date must be no more than                                  | 90 days from the date o         | f filing)                                   |  |
| Under penalty of perjury, I/we declare and affirm that I accompanying attachments, and that all statements co |                                 |   |  |
| Type or Print Name of Incorporator  Ted Plummer   |                                 | Date 2/6/18                                 |  |
| Signature of Incorporator SIGN  | DOCUMENT HERE                   |   |  |
| Type or Print Name of Incorporator  |                                 | Date  |  |
| Signature of Incorporator SIGN  | DOCUMENT HERE                   |   |  |
| Type or Print Name of Incorporator  |                                 | Date  |  |
| Signature of Incorporator SIGN  | DOCUMENT HERE                   |   |  |