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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STA

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:					
NORTH SMITHFIELD TREE SERVICE,	INC.				
Is this a close corporation pursuant to	RIGL <u>7-1.2-1701</u> of the Genera	ıl Laws, 1956, as amended? 🔀	Yes 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 S	Par Value Per Share		
600	Common	No Par Value			
		-			
			<u>.</u>		
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 the box to indicate an attachment.					
3. The name and address of the initial registered agent/office in Rhode Island is:					
Agent Name Joseph A. Lamagna					
Street Address (<u>NOT</u> a P.O. Box) 2417 Mendon Road					
City/Town Woonsocket	State RHO	DE ISLAND Zip Code 02	895		
4. The corporation has the purpose of en	· ·	and shall have perpetual existen	ce 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 12:03

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FORM 100 - Revised: 07/2016

5. Additional provisions, if any, not inconsistent with RIGL 7-Articles of Incorporation:	12 which the incorporators ele	ect to have set forth in these		
	a.			
The name and address of each incorporator is:	Check the b	ox to indicate an attachment.		
Name	Address			
JOSEPH A. LAMAGNA	2417 Mendon Road			
City/Town	State Zip Code			
Woonsocket	RI	02895		
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 days from the day 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 JOSEPH A. T.AMAGNA		Date 8/23/18		
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 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:

February 23, 2018 12:03 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

