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Date: 5/16/2018 11:04:00 AM



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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CORPORATIONS DIV
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## **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:			
JMB 052318, Inc.			
Is this a close corporation pursuant t	to RIGL <u>7-1.2-1701</u> of the General	Laws, 1956, as amended? 🗸 Yes 🔲 No	
2. The total number of shares which the (Unless otherwise stated, all authorize		ssue is: nominal or par value of \$0.01 per share.)	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	
10,000	COMMON	.01	
		nd the power, preferences, and rights, including are permitted by the provisions of RIGL <u>7-1.2</u> .  Check the box to indicate an attachment	J
The name and address of the initial r	registered agent/office in Rhode Isla	and is:	
Agent Name JEFFREY BOUDJOUK			
Street Address ( <u>NOT</u> a P.O. Box) 11 VI	CTORIA DRIVE		
City/Town SMITHFIELD	State RHOD	DE ISLAND Zip Code 02917	
4. The corporation has the purpose of e or terminated in accordance with RIGL		nd shall have perpetual existence until dissolved	ļ

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ni.gov FILED
MAY 16 2018
BY 330690

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<ol> <li>Additional provisions, if any, not inconsistent with RIGL 7- Articles of Incorporation:</li> </ol>	-1.2 which the incor	porators elect to have set forth in these		
N/A				
	(	Check the box to indicate an attachment		
The name and address of each incorporator is:				
Name JEFFREY BOUDJOUK	Address 11 VICTORIA DRIVE			
City/Town SMITHFIELD	State RI	Zip Code 02917		
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 ONE ON	LY 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 haccompanying attachments, and that all statements contain	eave examined these ned herein are true a	e Articles of Incorporation, including any and correct.		
Type or Print Name of Incorporator  JEFFREY BOUDJOUK	Date 5/11/18			
Signature of Incorporator				
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	CUMENT 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:

May 16, 2018 11:04 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

