State of Rhode Island and Provi Department of State - I	dence Plantations Business Services Divis	sion				
Articles of Incorporation DOMESTIC Business Corporati	on			2010 HAY 30	SECRETA CORPOR	
→ Filing Fee: \$230.00 minimum						
The undersigned, acting as incorporat adopt(s) the following Articles of Incorp		RIGL <u>7-1.2-202,</u>	l	AM II:	OF STA	
1. The name of the corporation is: Cine Automotive Trar	sport Inc			30	141	
Is this a close corporation pursuar	•	eneral Laws, 1956, as	amended?	Yes	No	
2. The total number of shares which the (Unless otherwise stated, all authority)	he corporation has the author	ity to issue is:				
Total Authorized Shares (Number of Shares)	Class of Stock	•	Par Value Or \$0.01 per share.)			
1000	common	no pa	no par value			
If you desire, you may include a statem voting rights, and the qualifications, lim State any provisions here ( <i>optional</i> ): 3. The name and address of the initia	itations, or restrictions of them v	which are permitted by th Check the		IGL <u>7-1 2</u>	² _	
Agent Name Jonathan B. Deoliveira	3					
Street Address (NQT a P.O. Box) 626	Mendon Rd.					
City/Town North Smithfield	State	RHODE ISLAND	Zip Code 0289	6		
4. The corporation has the purpose o or terminated in accordance with RIG		ess, and shall have per	rpetual existence	until dis	solved	
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Is Phone: (401) 222-3040 Website: www.sos.ri.gov	land 02904-2615	FILED MAY 3 0 2018			Y8	

5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these							
<ol> <li>Additional provisions, if any, not inconsistent with RIGL <u>a</u> Articles of Incorporation;</li> </ol>	7-1.2 which the inc	corporators ele	ect to have set forth in these				
		Check the b	ox to indicate an attachment				
6. The name and address of each incorporator is:							
Name Jonathan B. Deoliveira	Address 626 Me	Address 626 Mendon Rd.					
City/Town North Smithfield	State RI		Zip Code 02896				
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 ONLY BOX							
✓ Date received (Upon filing)							
Later effective date (Date must be no more than 90 date	ays 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				
Jonathan B. Deoliveira			05/30/2018				
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						

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.

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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:

May 30, 2018 11:30 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

