

## PECRETARY SOF STATE CORPORATIONS ON 2: 20

## **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:		
Elkarma Inc		
Is this a close corporation pursuant to RIG	L <u>7-1.2-1701</u> of the General Lav	vs. 1956, as amended? 💢 Yes 🔲 No
2. The total number of shares which the corpo (Unless otherwise stated, all authorized sh	•	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
		<i>O</i>
If you desire, you may include a statement of all voting rights, and the qualifications, limitations, of State any provisions here (optional):	or restrictions of them which are p	ermitted by the provisions of RIGL <u>7-1,2</u> .  Check the box to indicate an attachment
3. The name and address of the initial registe	red agent/office in Rhode Island	is:
Agent Name M?lad Mik	Hail'	
Street Address (NOT a P.O. Box) 371 BOUND RD	)	
City/Town Cumberland	State RHODE 1	SLAND Zip Code 2864
4. The corporation has the purpose of engagi or terminated in accordance with RIGL 7-1,2.	ng in any lawful business, and s	hall 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** 

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5. Additional provisions, if any, not inconsistent with RIGL <u>7-1.2</u> which the incorporators elect to have set forth in these Articles of Incorporation:			
	Check the b	ox to indicate an attachment	
The name and address of each incorporator is:			
Name Milad MikHail	158 NORTH Wa	Shington St APH49	
City/Town NORTH ATTICEONO	State MA	Zip Code O2760	
Name •	Address		
City/Town	State	Zip Code	
Name	Address		
City/Town	State	Zip Code	
7. Date when these Articles of Incorporation will be effecti	ve: CHECK ONE ONLY 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 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  Milad MikHail		Date 05-30 - 18	
Signature of Incorporator  SICH 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 DO	OCUMENT HERE		