



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 JUN 27 PM 1:52

**Articles of Incorporation  
 Business Corporation**  
 Filing Fee: \$230.00 minimum

The undersigned acting as incorporator(s) of the corporation under RIGL 7-1.2, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:		
Tasco RI, Inc.		
Is this a close corporation pursuant to <u>RIGL 7-1.2-1701</u> of the General Laws, 1956, as amended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. The total number of shares which the corporation has the authority to issue is: ( <u>RIGL 7-1.2-605</u> ) (Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)		
<b>Total Authorized Shares (Number of Shares)</b>	<b>Class of Stock</b>	<b>Par Value Per Share</b>
1,000	Common	\$0.01 per share
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 <u>RIGL 7-1.2</u> . State any provisions here (optional): <span style="float: right;">Check this box to indicate an attachment. <input type="checkbox"/></span>		
3. The name and address of the initial registered agent/office of the corporation is:		
Agent Name C T Corporation System		
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A,		
City/Town East Providence,	State RHODE ISLAND	Zip Code 02914
4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with <u>RIGL 7-1.2</u> .		

**FILED**  
 JUN 27 2018 1:52  
 BY 333715

Check this box to indicate an attachment. <input type="checkbox"/>
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Name Michael Love	Address 11111 Memphis Avenue
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City/Town Cleveland	State Ohio	Zip Code 44144
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Name	Address
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City/Town	State	Zip Code
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Name	Address
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City/Town	State	Zip Code
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<input checked="" type="checkbox"/> Date received (Upon filing)
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____

Signature of Incorporator	Date
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	6/27/18
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Signature of Incorporator	Date
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Signature of Incorporator	Date
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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](mailto:corporations@sos.ri.gov).