



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
2018 JUL 17 AM 10:32

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee \$230.00 minimum

The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1.2-202, adopt(s) the following Articles of Incorporation for such corporation.

1. The name of the corporation is <u>Signal Solutions Inc</u>		
Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General 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 Share
<u>10,000</u>	<u>0</u>	<u>CNP</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 <u>Thomas A Bastianelli</u>		
Street Address (NOT a P.O. Box) <u>300 Maureen Circle</u>		
City/Town <u>Mapleville</u>	State <u>RHODE ISLAND</u>	Zip Code <u>02839</u>
4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.		

MAIL TO:
Division of Business Services
148 W River Street Providence Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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STAMP

5. Additional provisions, if any not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment ☐

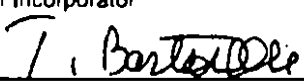
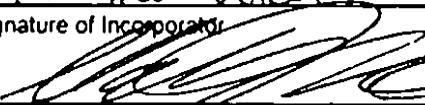
6. The name and address of each incorporator is:

Name Thomas Bastienelli	Address 320 Meureen Circle	
City/Town Mapleville	State RI	Zip Code 02839
Name Matthew Vincent	Address 35 Deerbrook Way	
City/Town Cumberland	State RI	Zip Code 02864
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 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 Thomas Bastienelli	Date 7/17/18
Signature of Incorporator  SIGN DOCUMENT HERE	
Type or Print Name of Incorporator Matthew Vincent	Date 7/17/18
Signature of Incorporator  SIGN DOCUMENT HERE	
Type or Print Name of Incorporator	Date
Signature of Incorporator SIGN DOCUMENT HERE	



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:

July 17, 2018 10:32 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

