State of Rhode Island and Providence Department of State - Bus Articles of Incorporation		SECRETARY SECRET
DOMESTIC Business Corporation		PR SEE
→ Filing Fee: \$230.00 minimum		3: 38
The undersigned, acting as incorporator(s adopt(s) the following Articles of Incorpora		
1. The name of the corporation is:		
WML Inc		
Is this a close corporation pursuant to	RIGL 7-1.2-1701 of the General Laws, 1956, a	as amended? 🚺 Yes 🗹 No
2. The total number of shares which the (Unless otherwise stated, all authorize	corporation has the authority to issue is: d 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
100	Common	90.01
	of all or any of the designations and the power, p ons, or restrictions of them which are permitted by Check	
3. The name and address of the initial re-	gistered agent/office in Rhode Island is:	······································
Agent Name William M Lewis		
Street Address (<u>NOT</u> a P.O. Box) 112 Pr	rescott Ave	
City/Town East Providence	State RHODE ISLAND	Zip Code 02915
4. The corporation has the purpose of en or terminated in accordance with RIGL 7-	gaging in any lawful business, and shall have 1.2.	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

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FILED JUL 2 4 2018

FORM 100 - Revised: 11/2017

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 Additional provisions, if any, not inconsistent with RIGL <u>7</u>- Articles of Incorporation: 	1.2 which the incorporators 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 William M. Lewis	Address 112 Prescott Ave		
City/Town East Providence	State Rhode island	Zip Code 02915	
Name Kevin Costa	Address 10 Blacksmith Road		
City/Town Seekonk	State MA	Zip Code 02771	
Name	Address		
City/Town	State	Zip Code	
7. Date when these Articles of Incorporation will be effective: CHECK ONE ONLY BOX			
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		Date	
William	M. Lewis	7/24/18	
Signature of Incorporator			
Type or Print Name of Incorporator		Date	
Ке	vin Costa	7/24/18	
Signature of Incorporator SIGN DOCUMENT HERE			
Type or Print Name of Incorporator		Date	
Signature of Incorporator SiGN DOC	UMENT HERE	<u>I</u> .	

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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.



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 24, 2018 03:38 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

