

Filing Fee: \$50.00

ID Number: 001689101



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 OCT 22 PM 2:28

CERTIFICATE OF CORRECTION

Pursuant to the provisions of Section 7-1.2-105 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby submits the following Certificate of Correction:

1. The name of the corporation is: WICKED WHEELS INC
2. The document to be corrected is ARTICLES OF INCORPORATION
3. The document being corrected was originally filed on 10/12/18
4. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement:
ARTICLE III - NAME OF AGENT INCORRECT: EMANUEL CORREIA
5. The corrected portion of the document states as follows:
ARTICLE III - Name of agent s/b EMANUEL CORREIA
6. The document attached to this certificate is the corrected document.
7. This Certificate of Correction shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 10/16/18

2:28

FILED

OCT 22 2018

Form No. 113
Revised: 12/05BY 001689101

Signature of Authorized Officer of the Corporation

EMMANUEL CORREIA

Type or Print Name of Authorized Officer



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

STAMP

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:		
WICKED WHEELS INC		
Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
100	CWP	.01
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 <input type="checkbox"/>		
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name		
EMANUEL CORREIA		
Street Address (NOT a P.O. Box)		
3 SMOKEY DR		
City/Town	State	Zip Code
JOHNSTON	RHODE ISLAND	02919
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

2:28
FILED STAMP

OCT 22 2018

BY

FORM 100 - Revised: 11/2017

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:

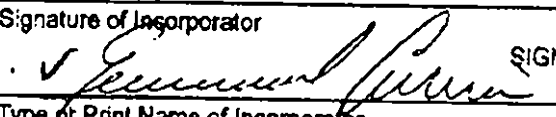
Name EMANUEL CORREIA	Address 3 SMOKEY DRIVE	
City/Town JOHNSTON	State RI	Zip Code 02919
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

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 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 EMANUEL CORREIA	Date 10/15/18
Signature of Incorporator  SIGN 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 DOCUMENT 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.



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:

October 22, 2018 02:28 PM

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

