State of Rhode Island and Providence Department of State - Bus		ivision	Я. I. 2018 N		
Articles of Incorporation DOMESTIC Business Corporation → Filing Fee: \$230.00 minimum			NOV -5 P		
The undersigned, acting as incorporator(s) adopt(s) the following Articles of Incorpora			HI2: 35		
1. The name of the corporation is: Successful Solutions C					
Is this a close corporation pursuant to 2. The total number of shares which the c	corporation has the au	thority to issue is:			
(Unless otherwise stated, all authorize) Total Authorized Shares (Number of Shares) 1000	d shares are deemed Class of Sto Common		alue of \$0.01 per share.) ar Value 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 RIGL <u>7-1.2</u> . State any provisions here (<i>optional</i>):					
3. The name and address of the initial registered agent/office in Rhode Island is:					
Agent Name Christopher Gelinas Street Address (NOT a P.O. Box)					
1 Tupp	erware Dr, Unit 326				
City/Town N Smithfield		RHODE ISLAND	Zip Code 02896		
4. The corporation has the purpose of en or terminated in accordance with RIGL 7-		usiness, and shall have per	petual existence until dissolved		

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

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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:				
		_		
6. The name and address of each incorporator is				
Name Christopher Gelinas	Address 1 Tupperware Dr, Unit 326			
City/Town N Smithfield	State RI	Zip Code 02896		
Name Dolores Cyr	Address 74 Pond St			
City/Town Douglas	State MA	Zip Code 01516		
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	Date			
Christopher Gelinas		09/18/18		
Signature of Incorporator SIGN DOCUMENT HEPE				
Type or Print Name of Incorporator		Date		
Dolores Cyr		09/18/18		
Signature of Utcorporator SHSN USD-HERE				
Type or Print Name of Incorporator		Date		
Signature of Incorporator	URLIN) HERE	L		

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:

November 05, 2018 12:35 PM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

