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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

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

R.I. DEPT OF STATE BUS SVCS DIV

	tion for such corporation:	
1. The name of the corporation is:		
ON MY WA		rporated.
Is this a close corporation pursuant to	RIGL <u>7-1.2-1701</u> of the General Law	s, 1956, as amended? LyYes No
The total number of shares which the c (Unless otherwise stated, all authorized)		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
_ 2 0 0	00.6	
If you desire, you may include a statement of voting rights, and the qualifications, limitation State any provisions here (optional):		
3. The name and address of the initial reg	ristered agent/office in Rhode Island	•
	patered agentionice in renode taland	is:
Agent Name	0 1 -	LoPPZ
Agent Name ABARR Street Address (NOT a P.O. Box)	RODAIQUEZ	LoPPZ
Agent Name ADAR Street Address (NOT a P.O. Box)	RODNIQUEZ	LoPPZ Zip Code

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED NOV 3 0 2018 BY Cu Z4NFH

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:				
	Check the bo	ox to indicate an attachment		
6. The name and address of each incorporator is:				
Name	Address	9		
LUIS AGURR LOPRZ	154 KIUP.			
City/Town	State	Zip Code		
Proul OP CP	Address	72790		
INGILIE	Addiess			
City/Town	State	Zıp Code		
Name	Address	· · · · · · · · · · · · · · · · ·		
		·· · ·		
City/Town	State	Zıp Code		
7. Date when these Articles of Incorporation will be effective	CHECK ONE ONLY BOY			
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 /		
LUIS Abrer Rodriguez Lopez 11/30/18				
Signature of Incorporator SIGN DOCUMENT HERE				
ll 3		,		
Type or Print Name of Incorporator	•	Date		
LUIS ABRER ROCKIQUEZ LOPEZ 11/30/18				
Signature of Incorporator SIGN DOCUMENT HERE				
W5				
Type or Print Name of Incorporator		Date 1		
LUIS ABURR RODINGUEZ LOPPE 11/30/18				
Signature of Incorporator SIGN DOC	UMENT HERE			

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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 30, 2018 01:58 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

