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Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee. \$230.00 minimum

The undersigned, acting as incorporator(s) of the corporation under RfGL <u>7-1,2-202</u>, adopt(s) the following Articles of Incorporation for such corporation:

adopt(s) the following Articles of Incorporation for such corpo	ration:			, 1,,,	
1. The name of the corporation is:		^	5		
Durawood F	loveing	enc	•		
Is this a close corporation pursuant to RIGL <u>7-1,2-1701</u> of the General Laws, 1956, as amended? X 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 Class of (Number of Shares)	Stock Par Value Per Share				
	- 		0.01		
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 <u>7-1.2.</u> 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					
vertrey Lavigan					
Street Address (NOT a P.O. Box) Street Address (NOT a P.O. Box) ARDX	senl				
City/Town Providence	State RHODE ISL		Zip Code 029		
4. The corporation has the purpose of engaging in any lawfu	il business, and shall	I have perpe	tual existence ur	ntil dissolved	
	<u> </u>				

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

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FORM 100 - Revised: 11/2017

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 box to indicate an attachment						
6. The name and address of each incorporator is:						
Name Jeffrey Lawigan	Address 53 Avasene St					
City/Town Providence	State 2	Zip Code OPAUT				
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 Jeffrey Langen	12/6/20K					
Signature of Incorporator SIGN DOCUMENT HERE						
Type or Print Name of Incerporated		Date				
Signature of Incorporator SIGN DOCUMENT HERE						
Type or Print Name of Incorporator		Date				
Signature of Incorporator SIGN DOC	CUMENT 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:

December 06, 2018 02:56 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

