State of Rhode Island and Providence Department of State - Busi			2815 JUL 18 A	SECRETARY CO CORPORATION
Articles of Incorporation			AM 11: 33	5 . C
DOMESTIC Business Corporation			 	
\rightarrow Filing Fee: \$230.00 minimum			ω	f : 1
The undersigned, acting as incorporator(s) (adopt(s) the following Articles of Incorporation	•			
1. The name of the corporation is:				
Prisidian Security Solution	ons, Inc.			
Is this a close corporation pursuant to R	RIGL 7-1.2-1701 of the General Laws, 19	56, as amen	ded? 🗹 Yes	□ No
2. The total number of shares which the co (Unless otherwise stated, all authorized		r par value ol	f \$0.01 per shar	e.)
Total Authorized Shares (Number of Shares)	Class of Stock	Par Val	Par Value Per Share	
2,000	Common	\$0.01		
If you desire, you may include a statement of voting rights, and the qualifications, limitation State any provisions here (<i>optional</i>):	s, or restrictions of them which are permitt	ed by the prov		<u>⁷-12</u> .
3. The name and address of the initial regi	stered agent/office in Rhode Island is:			
Agent Name Joseph H. Olaynack, III				
Street Address (<u>NOT</u> a PO. Box) 43-B Me	morial Boulevard			
City/Town Newport	State RHODE ISLA		Code 02840	
4. The corporation has the purpose of enga or terminated in accordance with RIGL 7-1		ave perpetua	al 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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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:	T					
Name Jami M. Carroll	Address 28 Vernon Avenue					
City/Town Newport	State RI	Zip Code 0284	0			
Name .	Address					
City/Town	State	Zip Code				
Name	Address	ł				
City/Town	State	Zip Code				
7. Date when these Articles of Incorporation will be effective						
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 Jami M. Carroll	Date	19				
Signature of Incorporator						
Type or Print Name of Incorporator	Date	Date				
Signature of Incorporator						
Type or Print Name of Incorporator	Date	Date				
Signature of Incorporator		I				

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 18, 2019 11:33 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

