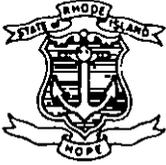


Filing Fee: \$50.00

ID Number: 001696763



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

RECEIVED STATE SECRETARY OF STATE CORPORATIONS DIV 2019 AUG - 1 AM 9:11

BUSINESS CORPORATION

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: GALLION HAWKING INC
2. The document to be corrected is: ARTICLES OF INCORPORATION
3. The document being corrected was originally filed on: 06/06/2019
4. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement:

GALLION HAWKING INC

5. The corrected portion of the document states as follows:
GALLION HAWKING INC

- 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

Date: AUGUST-1-2019
9:14
FILED

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.
Signature of Authorized Officer of the Corporation: DEAN PEPPER
Type or Print Name of Authorized Officer

AUG 01 2019
BY: ZCC1Z



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 AUG -1 AM 9:14

STAMP

Articles of Incorporation
DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

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:
GALLON HAULING INC

Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? 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 (Number of Shares)	Class of Stock	Par Value Per Share
100		0

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

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name **DEAN PEPPER**

Street Address (NOT a P.O. Box) **48 CLEMENCE ST**

City/Town **CRANSTON** State **RHODE ISLAND** Zip Code **02920**

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

FILED

STAMP

AUG 01 2019

9:14

BY **[Signature]** 20012

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	DEAN PEPPER		Address	48 CLEMENCE ST	
City/Town	CRANSTON	State	R.I.	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	Date
DEAN PEPPER	9-1-19
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



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:

August 01, 2019 09:14 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

