State of Rhode Island and Providence Plantations Department of State - Business Services Division		SECRE A PRESIVED			
Articles of Incorporation DOMESTIC Business Corporation		2019 AUG 19 PH年4年42 472 472			
→ Filing Fee: \$230.00 minimum					
The undersigned, acting as incorporator(s) of the corporation adopt(s) the following Articles of Incorporation for such corporation		L]		
1. The name of the corporation is:	Jandard	Fashions Li	niteo		
Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? M Yes No					
2. The total number of shares which the corporation has the (Unless otherwise stated, all authorized shares are deem		value of \$0.01 per share.)			
Total Authorized Shares (Number of Shares) Class of	Stock	Par Value Per Share	me		
3. The name and address of the initial registered agent/office Agent Name 53-47CTOM Street Address (NOT a P.O. Box) 53 VICTORY STREET City/Town	e in Rhode Island is: TYEST Be State	zip Code			
Cranston	RHODE ISLAND	02910			
4. The corporation has the purpose of engaging in any lawfu or terminated in accordance with RIGL <u>7-1.2</u> .	I business, and shall have p	erpetual 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 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation				
	Check the b	ox to indicate an attachment		
6. The name and address of each incorporator is:				
Name Berthd Dod	Address S S	cton (Flrew)-		
City/Town Cransfor	State D T			
Name	Address	$\Box U Z T U$		
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				
Soving Doo		8-19-19		
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				

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:

August 19, 2019 04:02 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

