RI SOS Filing Number: 201920108810 Date: 9/17/2019 2:08:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division

Articles of Incorporation DOMESTIC Business Corporation			EI S
→ Filing Fee: \$230.00 minimum			SX(S)
The undersigned, acting as incorporator(sadopt(s) the following Articles of Incorpora	7 00		
1. The name of the corporation is:		-	08
JM PMZ, INC			
	o RIGL 7-1,2-1701 of the General Laws		Yes No
The total number of shares which the (Unless otherwise stated, all authorize	corporation has the authority to issue is ed shares are deemed to have a nomina		01 per share.)
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value P	er Share
1000	common	NO	PAR
If you desire, you may include a statement voting rights, and the qualifications, limitations state any provisions here (optional):			s of RIGL <u>7-1,2</u> .
3. The name and address of the initial re	gistered agent/office in Rhode Island is	;	
Agent Name TANA N. MA	EMAN		
Street Address (NOT a P.O. Box) 76 EACT STRE	ET		
City/Town PAWTUCKET	State RHODE IS	LAND Zip Code	7860
4. The corporation has the purpose of en or terminated in accordance with RIGL 7.		Il have perpetual exis	tence 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 SEP 17 2019 2:08
BY CAL PH42R

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:					
The name and address of each incorporator is:	Check the b	oox to indicate an attachment			
Nemo	Address				
JANU N. MEMON	I HOWARCH	any			
City/Town LINCOLN	State R.I	Zip Code 02865			
Name	Address				
City/Town	State	Zip Code			
Name	Address				
City/Town	State	Zip Code			
7. Date when these Articles of Incorporation will be effective	e: 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			
JANU N. MEMON		x 9-18-2019			
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 DO	CUMENT HERE	1			

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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:

September 17, 2019 02:08 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

