



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

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:

ALLWIRE SOLUTIONS 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
1000	COMMON	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 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

CHRISTOPHER P FULLER

Street Address (NOT a P.O. Box)

24 RACHEL ST

City/Town

PRVIDENCE

State

RHODE ISLAND

Zip Code

02905

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

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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 box to indicate an attachment ☐

6. The name and address of each incorporator is:

Name CHRISTOPHER P FULLER	Address 24 RACHEL ST	
City/Town PROVIDENCE	State RI	Zip Code 02905
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

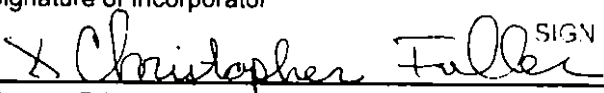
7. Date when these Articles of Incorporation will be effective: **CHECK ONE ONLY BOX**

☒ 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 CHRISTOPHER P FULLER	Date 09/30/2019
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Signature of Incorporator  SIGN DOCUMENT HERE

Type or Print Name of Incorporator	Date
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Signature of Incorporator SIGN DOCUMENT HERE

Type or Print Name of Incorporator	Date
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Signature of Incorporator SIGN DOCUMENT HERE
