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State of Rhode Island and Providence Plantations

Department of State - Business Services Division SECRETARY OF STATE CORPORATIONS DIV

2019 NOV 13 AM 11: 18 STAMP

## **Articles of Incorporation**

**DOMESTIC Business Corporation** 

→ Filing Fee: \$230,00 minimum

The undersigned, acting as incorporator(s) of adopt(s) the following Articles of Incorporation	the corporation under RIGL 7-1.2	<u>2-202</u> .		
The name of the corporation is:	To oddi od poration.	<u> </u>		
Ricky Rose i	010			
Is this a close corporation pursuant to RIC	GL <u>7-1.2-1701</u> of the General Law	/s, 1956, as amended? X 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		0.02		
	·		<del></del>	
If you desire, you may include a statement of all voting rights, and the qualifications, limitations, State any provisions here (optional):	Il or any of the designations and the or restrictions of them which are pe	e power, preferences, and rights, inc ermitted by the provisions of RIGL <u>7-</u> Check the box to indicate an atta	1.2	
3. The name and address of the initial registe	ered agent/office in Rhode Island	is:		
Agent Name Ricardo J. Feliz Fer	nandes			
Street Address ( <u>NOT</u> a P.O. Box)	-			
S2 Arch st				
City/Town Providence	State RHODE I	SLAND Zip Code	07	
4. The corporation has the purpose of engag	ing in any lawful business, and sh	<u> </u>		
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

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5. Additional provisions, if any not inconsistent with PICL 7.	1.2 which the incorporators old	et to have not forth in those		
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 be	ox to indicate an attachment		
6. The name and address of each incorporator is:				
Name	Address			
Kicardo J. Feliz Ferrandez	52 Arch st			
City/Town 10 . A a 10 / 0	State	Zip Code		
	$ \mathcal{K}_1 $	02907		
Name	Address			
City/Town	Ct-to	7:- 0-4-		
City/ lown	State	Zip Code		
	<u></u>			
Name	Address			
City/Town	State	Zip Code		
,		2.5		
7. Data when these Articles of Incorporation will be effective	OUECK ONE ONLY BOY			
7. Date when these Articles of Incorporation will be effective	CHECK UNE 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 ha		Incorporation, including any		
accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Incorporator		Date		
$\mathcal{O}_{\mathcal{O}}}}}}}}}}$				
Kicardo J. teliz ternandez		11-13-19		
Signature of Incorporator				
(). Y SIGN DOCUMENT HERE				
Type or Print Name of Incorporator		Date		
Signature of Incorporator				
SIGN DOCUMENT HERE				
T Distance of the second		r		
Type or Print Name of Incorporator		Date		
Signature of Incorporator				
SIGN DOCUMENT HERE				
SIGN DOCOMENT HERE				

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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:

November 13, 2019 11:18 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

