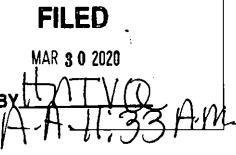
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State of Rhode Island and Providence Department of State - Busir		R.I. DEPT. OF BUS SVCS	F STATE	
mileo i		2020 MAR 30	A II: 33	
Articles of Incorporation DOMESTIC Business Corporation				·
→ Filing Fee: \$230.00 minimum				
The undersigned, acting as incorporator(s) or adopt(s) the following Articles of Incorporation		<u>7-1.2-202,</u>		
1. The name of the corporation is:				
Jet Ride Surf Company, I	nc.			
Is this a close corporation pursuant to R	IGL 7-1.2-1701 of the Genera	Laws, 1956, as a	amended? Ves	No
2. The total number of shares which the co (Unless otherwise stated, all authorized	poration has the authority to i	ssue is:		
Total Authorized Shares (Number of Shares)	Class of Stock		Par Value Per Share	
100	Common	No Pa	No Par Value	
If you desire, you may include a statement of voting rights, and the qualifications, limitation: State any provisions here (<i>optional</i>):		are permitted by the		<u>1.2</u> .
3. The name and address of the initial regis	tered agent/office in Rhode Is	land is:		
Agent Name Jerome V. Sweeney, Esquir				
Street Address (<u>NOT</u> a P.O. Box) 41 Mende	on Avenue			
City/Town Pawtucket	State RHO	DE ISLAND	Zip Code 02861	
4. The corporation has the purpose of engator or terminated in accordance with RIGL 7-1.	iging in any lawful business, a 2	nd shall have per	petual existence until o	lissolved

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 100 - Revised: 11/2017

5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these	4
Articles of Incorporation:	
None	

Check the box to indicate an attachment

6. The name and address of each incorporator is:

Name David Wilson	Address 161 Doug	Address 161 Douglas Road		
City/Town Warwick	State RI	Zip Code 02886		
Name	Address			
City/Town	State	Zip Code		
Name	Address			
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation will be eff	fective: CHECK ONE ONI	LY BOX		
Date received (Upon filing)				
Later effective date (Date must be no more than	90 days from the date of f	iling)		
Under penalty of perjury, I/we declare and affirm that a accompanying attachments, and that all statements c				
Type or Print Name of Incorporator		Date		
David Wilson		3/19/2020		
Signature of Incorporator	N DOCUMENT HERE			
Type or Print Name of Incorporator		Date		
Signature of Incorporator		I		
	OCUMENT HERE			
Type or Print Name of Incorporator		Date		
Signature of Incorporator	DOCUMENT HERE			
SIGI				



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:

March 30, 2020 11:33 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

