RI SOS Filing Number: 202057939630 Date: 9/25/2020 12:24:00 PM

State of Rhode Island Department of State - B	usiness Services	Division		
Articles of Incorporation DOMESTIC Business Corporation	on			TABLES SEP
→ Filing Fee: \$230.00 minimum				SVO SVO
he undersigned, acting as incorporate dopt(s) the following Articles of Incorp				2 21 Hc S DIA S DIA S DIA S DIA S
The name of the corporation is:		•		t -
Wally & Son's Express Inc				TP.
Is this a close corporation pursuan	to RIGL 7-1.2-1701 o	f the General Laws, 195	6. as amended	? X Yes No
2. The total number of shares which the	ne corporation has the	authority to issue is:		
(Unless otherwise stated, all author Total Authorized Shares (Number of Shares)	Class of		Par Value or \$0	<u> </u>
1000	COMMON		0.01	
If you desire, you may include a stateme voting rights, and the qualifications, limit State any provisions here (optional):		them which are permitted	by the provision	
3. The name and address of the initial Agent Name MARK LOPES	registered agent/office	e in Rhode Island is:		
Street Address (NOT a P.O. Box)	ANPHEAR STREET			
City/Town WEST WARWICK		State RHODE ISLAM	Zip Cod	de 02893
I. The corporation has the purpose of	engaging in any lawfu	l business, and shall ha	ve perpetual ex	ristence until dissolved

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

or terminated in accordance with RIGL <u>7-1.2</u>.

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 25 2020

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5. Additional provisions, if any, not inconsistent with RI Articles of Incorporation:	GL <u>7-1.2</u> which the inco	porators elect to have set forth in these		
		Check the box to indicate an attachment		
6. The name and address of each incorporator is:	····	orieck the box to indicate an attachment		
Name MARK P. LOPES	Address 12 LANP	Address 12 LANPHEAR STREET		
City/Town WEST WARWICK	State RI	Zip Code 02893		
Name	Address			
City/Town	State	Zip Code		
Name	Address	•		
City/Town ,	State	Zip Code		
7. Date when these Articles of Incorporation will be effe	ective: CHECK ONE BC	X ONLY		
✓ Date received (Upon filing)☐ Later effective date (Date must be no more than \$\frac{1}{2}\$)	90 days from the date of	filing)		
Under penalty of perjury, I/we declare and affirm that I accompanying attachments, and that all statements co				
Type or Print Name of Incorporator	Date			
MARK P. LOPES	09/24/2020			
Signature of Incorporator				
Type or Print Name of Incorporator	Date			
Signature of Incorporator				
Type or Print Name of Incorporator	Date			
Signature of Incorporator	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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 25, 2020 12:24 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

