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State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE

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Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s adopt(s) the following Articles of Incorpora		
The name of the corporation is:		
BERTA'S RESTAURANT TAPAS & BA	R, INC.	
Is this a close corporation pursuant to	RIGL <u>7-1.2-1701</u> of the General Laws	, 1956, as amended? 🗹 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 nomin	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
200 SHARES	COMMON	NO PAR VALUE
		_
		<u> </u>
If you desire, you may include a statement voting rights, and the qualifications, limitati State any provisions here (optional):		
3. The name and address of the initial re	gistered agent/office in Rhode Island is	3:
Agent Name MARIO J. CARNEIRO		
Street Address (NOT a P.O. Box) 577 V	WARREN AVENUE	
City/Town EAST PROVIDENCE	State RHODE IS	Zip Code 02914
4. The corporation has the purpose of er		all have perpetual existence 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 FILED

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BYCL NBMGG

5. Additional provisions, if any, not inconsistent with RIGL Articles of Incorporation:	7-1.2 which the incorporators el	ect to have set forth in these		
NONE				
	Check the	box to indicate an attachment		
The name and address of each incorporator is:				
Name BERTA M. BORGES	Address 10 METACOMET AVENUE			
City/Town RUMORD	State RHODE ISLAND	Zip Code 02916		
Name JOSEPH F. PEREIRA, JR.	Address 71 SYCAMORE DRIVE			
City/Town CRANSTON	State RHODE ISLAND	Zip Code 02921		
Name	Address			
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation will be effective	ve: CHECK ONE BOX ONLY			
✓ 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 accompanying attachments, and that all statements conta				
Type or Print Name of Incorporator		Date		
BERTA M. BORGES		OCTOBER 28, 2020		
Signature of Incorporator RN 440				
Type or Print Name of Incorporator		Date		
JOSEPH F. PEREIRA, JR.		OCTOBER 28, 2020		
Signature of Incorporator Joseph H Verra		•		
Type or Int Name of Incorporator		Date		
Signature of Incorporator		<u> </u>		

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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:

October 28, 2020 03:30 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

