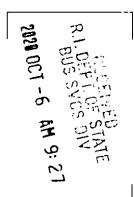
RI SOS Filing Number: 202071633880 Date: 11/4/2020 9:37:00 AM



Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum



The undersigned, acting as incorporator(s) of the corporation under RIGL <u>7-1,2-202</u>, adopt(s) the following Articles of Incorporation for such corporation:

The name of the corporation is:				
STANTON & STANTON, INC.				
Is this a close corporation pursuant t	to RIGL <u>7-1 2-1701</u> of the Genera	al Laws, 1956, as amen	ded? Yes	No
The total number of shares which the (Unless otherwise stated, all authorize)			f \$0.01 per share.	.)
Total Authorized Shares (Number of Shares)	Class of Stock		Par Value Per Share	
100	COMMON	Ho p	our value	<u>e</u>
				
If you desire, you may include a statemen voting rights, and the qualifications, limital State any provisions here (optional):		are permitted by the pro-		<u>1.2</u>
3. The name and address of the initial re	egistered agent/office in Rhode I	sland is:		
Agent Name CHRISTOPHER M. STANTON				0101 E
Street Address (NOT a P.O Box) 56 GOVERNOR AVENUE			NON NON-	
City/Town WESTERLY	State RHO	DE ISLAND	Code 02891	u A
4. The corporation has the purpose of e or terminated in accordance with RIGL		and shall have perpetua	l existence until o	س ped ع
			·	ند

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 M

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BY Cu TJRZF

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:					
Articles of incorporation.					
	(Check the box to indicate an attachment			
6. The name and address of each incorporator is:	···-				
Name CHRISTOPHER M. STANTON	Address 56 GOVERNOR AVENUE				
City/Town WESTERLY	State RI	Zip Code 02891			
Name	Address				
City/Town	State	Zip Code			
Name	Address	1			
City/Town	State	Zip Code			
7. Date when these Articles of Incorporation will be effective: 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 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	Date /				
CHRISTOPHER M. STANTON	8/27/2020				
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:

November 04, 2020 09:37 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

