

Filing Fee: \$150.00



State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RI 02903-1335

Corp. I.D. # 99196

BUSINESS CORPORATION

ARTICLES OF INCORPORATION

The undersigned acting as incorporator (s) of a corporation under Chapter 7-1.1 of the General Laws, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

FIRST: The name of the corporation is ROBERT A. D'AMICO CO., INC.

(A close corporation pursuant to §7-1.1-51 of the General Laws, 1956, as amended) (strike if inapplicable)

SECOND: The period of its duration is (if perpetual, so state) PERPETUAL

THIRD: The purpose or purposes for which the corporation is organized are:

TO PROVIDE GENERAL ACCOUNTING SERVICES TO THE GENERAL PUBLIC AND TO
TRANSACTION ANY OTHER LEGAL ACTIVITY FOR WHICH BUSINESSES MAY BE IN-
CORPORATED UNDER THE LAWS OF THE STATE OF RHODE ISLAND.

95 JUN 24 11 11 AM '98

ALL FEES PAID
FILING TO COMPLETION
RECORDED

FILED

FEB 17 1998

By [Signature] 99196

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is:

- (a) *If only one class:* Total number of shares 8,000 SHARES COMMON STOCK, PAR=\$1.00
(If the authorized shares are to consist of one class only, state the par value of such shares or a statement that all of such shares are to be without par value.)

or

- (b) *If more than one class:* Total number of shares
(State (A) the number of shares of each class thereof that are to have a par value and the par value of each share of each such class, and/or (B) the number of such shares that are to be without par value, and (C) a statement of all or any of the designations and the powers, preferences and rights, including voting rights, and the qualifications, limitations or restrictions thereof, which are permitted by the provisions of title 7 of the General Laws in respect of any class or classes of stock of the corporation and the fixing of which by the articles of association is desired, and an express grant of such authority as it may then be desired to grant to the board of directors to fix by vote or votes any thereof that may be desired but which shall not be fixed by the articles.)

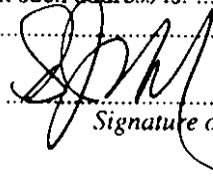
FIFTH: Provisions (if any) dealing with the preemptive right of shareholders pursuant to §7-1.1-24 of the General Laws, 1956, as amended:

AS STATED IN THE BY-LAWS OF THE CORPORATION ON FILE WITH THE REGISTERED AGENT.

SIXTH: Provisions (if any) for the regulation of the internal affairs of the corporation:

AS STATED IN THE BY-LAWS OF THE CORPORATION ON FILE WITH THE REGISTERED AGENT.

SEVENTH: The address of the initial registered office of the corporation is
728 VALLEY STREET, PROVIDENCE, RI 02908 (add Zip Code)
and the name of its initial registered agent at such address is:
D. JOSEPH D'AMICO, ESQ.



Signature of registered agent

EIGHTH: The number of directors constituting the initial board of directors of the corporation is -0- and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

(If this is a close corporation pursuant to §7-1.1-51 of the General Laws, 1956, as amended, state the name (s) and address (es) of the officers of the corporation.)

Name	Address
ROBERT A. D'AMICO, SOLE OFFICER	728 VALLEY STREET, PROVIDENCE RI 02908

NINTH: The name and address of each incorporator is:

Name	Address
D. JOSEPH D'AMICO, ESQ.	728 VALLEY STREET, PROVIDENCE RI 02908

TENTH: Date when corporate existence to begin (not more than 30 days after filing filing of these articles of incorporation):

UPON FILING

Dated FEBRUARY 17, 19 98



Signature of each incorporator

STATE OF RHODE ISLAND } City
COUNTY OF PROVIDENCE } In the } of PROVIDENCE
in said County this 17TH day of FEBRUARY, A.D. 19 98
then personally appeared before me D. JOSEPH D'AMICO, ESQ.

each and all known to me and known by me to be the parties executing the foregoing instrument,
and they severally acknowledged said instrument by them subscribed to be their free act and
deed.

Lyndene Armstrong
Notary Public
LYDENE ARMSTRONG 2/19/98

ACORD INSURANCE BINDERDATE (MM/DD/YY)
02/13/98

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Troy and Pires, LLC 578 Central Avenue P.O. Box 2288 Pawtucket RI 02861-0288		PHONE (AAC, No, Ext.)		COMPANY Travelers Insurance Compa		BINDER #	
CODE: OFF976		SUB CODE:		DATE EFFECTIVE 02/03/98		TIME 12:01	
AGENCY CUS-OWNER ID:		INSURED Robert A. D'Amico & Company Inc. 728 Valley Street Providence RI 02804		DATE EXPIRATION 03/03/98		TIME 2:01 AM	
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:				DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) \$1,000 Deductible applies per claim			

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	CONS %
PROPERTY CAUSES OF LOSS ☐ BASIC ☐ BROAD ☐ SPEC				
GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ OWNERS & CONTRACTORS PROT ☒ PROFESSIONAL	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE	\$ 100000	
		PRODUCTS - COMP/OP AGG	\$	
		PERSONAL & ADV INJURY	\$	
		EACH OCCURRENCE	\$ 100000	
		FIRE DAMAGE (Any one fire)	\$	
		MED EXP (Any one person)	\$	
AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ MIXED AUTOS ☐ NON-OWNED AUTOS		COMBINED SINGLE LIMIT	\$	
		BODILY INJURY (Per person)	\$	
		BODILY INJURY (Per accident)	\$	
		PROPERTY DAMAGE	\$	
		MEDICAL PAYMENTS	\$	
		PERSONAL INJURY PROT	\$	
		UNINSURED MOTORIST	\$	
			\$	
AUTO PHYSICAL DAMAGE DEDUCTIBLE ☐ COLLISION: ☐ OTHER THAN COLL: ☐	☐ ALL VEHICLES ☐ SCHEDULED VEHICLES	ACTUAL CASH VALUE		
		STATED AMOUNT	\$	
		OTHER		
GARAGE LIABILITY ☐ ANY AUTO		AUTO ONLY - EA ACCIDENT	\$	
		OTHER THAN AUTO ONLY:		
			\$	
			\$	
EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE	\$	
		AGGREGATE	\$	
		SELF-INSURED RETENTION	\$	
		STATUTORY LIMITS		
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY		EACH ACCIDENT	\$	
		DISEASE - POLICY LIMIT	\$	
		DISEASE - EACH EMPLOYEE	\$	

SPECIAL
CONDITIONS/
OTHER
COVERAGES

NAME & ADDRESS

	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Cynthia Baer, AAI <i>Cynthia Baer</i>	

ACORD 75-S (12/89)

NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE

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CEB