



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JAN 12 PM 1:10

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number: 1717221	2. The name of the corporation is: The Silver Star, Inc.
3. The document to be corrected is: Articles of Incorporation	4. The date the document being corrected was originally filed: 1/5/2021
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: The effective date of 1/5/2021 is wrong.	
Check the box to indicate an attachment ☐	
6. The new corrected portion of the document states as follows: The effective date <u>is</u> <u>2/1/2021</u>.	
Check the box to indicate an attachment ☐	
7. The corrected document MUST be attached to this certificate.	
8. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.	

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

JAN 12 2021

KL G4C35

1:10

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

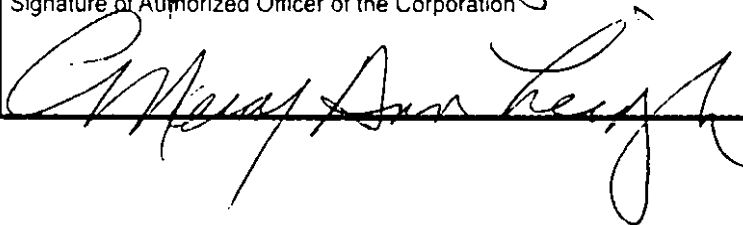
Type or Print Name of Authorized Officer of the Corporation

Date

MARY Ann Leigh

01/12/2021

Signature of Authorized Officer of the Corporation





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Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1.2-202,
adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:

The SILVER STAR, INC.Is this a close corporation pursuant to RIGL 7-1.2-17.1 of the General Laws, 1956, as amended? ☐ Yes ☒ No

2. The total number of shares which the corporation has the authority to issue is:

(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)

Total Authorized Shares
(Number of Shares)

Class of Stock

Par Value Per Share

100Pd P0.1

If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2.
State any provisions here (optional) Check the box to indicate an attachment ☐

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name

Steven Joseph PATRICIO II

Street Address (NOT a P.O. Box)

335 Sayles Ave

City/Town

PAWtucket

State

RHODE ISLAND

Zip Code

02860

4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

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5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment ☐

6. The name and address of each incorporator is:

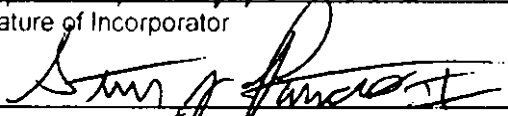
Name	Address	
Steven Joseph Patricia	335 Sayles Ave.	
City/Town	State	Zip Code
Pawtucket	RI	02860
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

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) 2/1/21

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
Steven J Patricia	1/12/21
Signature of Incorporator	
	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	



State of Rhode Island

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,
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:

January 12, 2021 01:10 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

