

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

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. 2021 JAN 21 P 2:51

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:

1. The name of the corporation is:		•		
ARRUDA MASONRY, INC.				
Is this a close corporation pursuant	to RIGI 7-1 2-1701 of the Ge	nerallaws 1956 as	amended? Yes No	
2. The total number of shares which the		• • • • • • • • • • • • • • • • • • • •		
(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	Ρ	Par Value Per Share	
1,000	Common	No Pa	No Par Value	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	<u> </u>		 	
				
If you desire, you may include a stateme	ant of all or any of the decignation	ine and the namer prof	erances and rights including	
voting rights, and the qualifications, limit				
State any provisions here (optional):		Check the	e box to indicate an attachment	
3. The name and address of the initial registered agent/office in Rhode Island is:				
Agent Name		 		
Samuel A. Miller, Esq.				
Street Address (NOT a P.O. Box) 331 I	Proodular			
	DiOatiway			
City/Town Providence,	State R	HODE ISLAND	Zip Code 02909	
4. The corporation has the purpose of	engaging in any lawful busine	ss, and shall have pe	rpetual existence until dissolved	
or terminated in accordance with RIG		•	•	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 21 2021 (AMB)
BY CU J 86RD
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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: None.				
	•			
-	Check the b	ox to indicate an attachment		
6. The name and address of each incorporator is:				
Name Samuel A. Miller	Address 331 Broadway			
City/Town Providence	State RI	Zip Code 02909		
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)				
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			
Samuel A. Miller	January 21, 2021			
Signature of Incorporator				
Type or Print Name of Incorporator	Date			
Signature of Incorporator				
Type or Print Name of Incorporator	Date			
Signature of Incorporator				