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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 <u>7-1.2-202</u>, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:	ioration for such corporation.		
·			
POOLSIDE, INC.			
Is this a close corporation pursuan	t to RIGL <u>7-1.2-1701</u> of the General La	aws, 1956, as amended? 🔲 Yes 🔀 No	
	he corporation has the authority to issurized shares are deemed to have a nor		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	
1,000	common	no par value	
		the power, preferences, and rights, including permitted by the provisions of RIGL 7-1.2. Check the box to indicate an alachment	
3. The name and address of the initial	I registered agent/office in Rhode Islan	d is:	
Agent Name William A. Nardone		ATE V	
Street Address (<u>NOT</u> a P.O. Box) 42 C	Granite Street		
City/Town Westerly	State RHODE	Zip Code 02891	
The corporation has the purpose of or terminated in accordance with RIG		shall 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

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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:				
NA NA				
	Check the b	oox to indicate an attachment		
The name and address of each incorporator is:				
Name	Address			
Bryan C. Reale	15 York Avenue			
City/Town	State	Zip Code		
Westerly	RI	02891		
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		Date		
BRYANG, REALE		2/5/21		
Signature of Incorporator				
Type or Print Name of Incorporator	·	Date		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Signature of Incorporator				
Type or Print Name of Incorporator		Date		
Signature of Incorporator				
1				

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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:

February 22, 2021 03:43 PM

Nellie M. Gorbea
Secretary of State

Tulli U. Horler

