

RECEIVED
R.I. DEPT. OF STATE,
BUS SYCS DIV

2021 JUN -3 A 10 28

## **Articles of Incorporation**

Y

**DOMESTIC Business Corporation** 

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator( adopt(s) the following Articles of Incorpor		<u>7-1.2-202</u> ,	<u></u>
The name of the corporation is:			
Heavy Piess 90	arnics Iric.		$\sim$
Is this a close corporation pursuant t			Yes 🔼 No
<ol><li>The total number of shares which the (Unless otherwise stated, all authorized)</li></ol>			/ 01 per share.)
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value I	Per Share
100	CNP	Q	
		····	
,	<u> </u>		<del></del>
·	<u> </u>		<del></del>
If you desire, you may include a statemen voting rights, and the qualifications, limitat State any provisions here (optional):	t of all or any of the designations a ions, or restrictions of them which	are permitted by the provision	nd rights, including ns of RIGL <u>7-1,2</u> licate an attachment
3. The name and address of the initial re	egistered agent/office in Rhode Is	sland is:	<del></del>
Agent Name  Jahn Lync	h JR		
Street Address (NOT a PO Box)	Bernice Ave		
City/Town WOONS OCKET	State	DE ISLAND Zip Code	3195
4. The corporation has the purpose of electric for terminated in accordance with RIGI.		and shall have perpetual exi	stence 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 FILED

STAMP

JUN 03 2021 IU WQVZV IU, 88

FORM 100 - Revised: 08/2020

6. The name and address of each incorporate	<del>i. i</del>	heck the box to indicate an attachment	
Name JOHN LYNCH JR	Address 17 BERNIO	Address 17 BERNICE AVE	
City/Town WOONSOCKET	State RI	Zip Code 02895	
Name	Address		
City/Town	State	Zip Code	
Name	Address		
City/Town	State	Zip Code	
7. Date when these Articles of Incorporation v	vill be effective: CHECK ONE BOX	ONLY	
✓ Date received (Upon filing)			
Later effective date (Date must be no mo	ore than 90 days from the date of fil	ling)	
Under penalty of perjury, I/we declare and affi accompanying attachments, and that all state			
Type or Print Name of Incorporator	Date		
JOHN LYNCH JR	6/2/2021		
Signature of Incorporator	PM-		
Type or Print Name of Incorporator		Date	
Signature of Incorporator			
Type or Print Name of Incorporator		Date	
Type of Print Name of Incorporator			