RI SOS Filing Number: 202103108610 Date: 10/12/2021 2:48:00 PM



R.I. DEPT. OF STATE BUS SYES DIV

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

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The name of the corporation is:	· · · · · · · · · · · · · · · · · · ·	 	
Allen Consulting Group I	Inc		
Is this a close corporation pursuant to RIG	GL <u>7-1.2-1701</u> of the General Laws, 1956, as	amended? Yes No	
2. The total number of shares which the corp (Unless otherwise stated, all authorized st	poration has the authority to issue is: hares are deemed to have a nominal or par v	alue of \$0.01 per share.)	
Total Authorized Shares (Number of Shares)	Class of Stock F	Par Value Per Share	
1000		No Par	
	all or any of the designations and the power, pre , or restrictions of them which are permitted by t Check th		
voting rights, and the qualifications, limitations, State any provisions here (optional):	, or restrictions of them which are permitted by t Check th	he provisions of RIGL <u>7-1.2</u> .	
voting rights, and the qualifications, limitations,	, or restrictions of them which are permitted by t Check th	he provisions of RIGL <u>7-1.2</u> .	
voting rights, and the qualifications, limitations, State any provisions here (optional): 3. The name and address of the initial regist Agent Name Elizabeth C Allen	, or restrictions of them which are permitted by t Check th	he provisions of RIGL <u>7-1.2</u> .	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 1 2 2021

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5. Additional provisions, if any, not inconsistent with RIGL 7. Articles of Incorporation:	-1.2 which the incorporators ele	ect to have set forth in these
	Check the b	ox to indicate an attachment
6. The name and address of each incorporator is:		
Name Elizabeth C Allen	Address 27 Fenner Avenue	
City/Town Newport	State RI	Zip Code 02840
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code
7. Date when these Articles of Incorporation will be effective	e: CHECK ONE BOX ONLY	· · · · · · · · · · · · · · · · · · ·
✓ Date received (Upon filing) Later effective date (Date must be no more than 90 date)	lys from the date of filing)	
Under penalty of perjury, I/we declare and affirm that I/we had accompanying attachments, and that all statements contain		
Type or Print Name of Incorporator		Date
Elizabeth C Allen		10-7-21
Signature of Incorporator		
Type or Print Name of Incorporator		Date
Signature of Incorporator		
Type or Print Name of Incorporator		Date
Signature of Incorporator		

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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:

October 12, 2021 02:48 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

