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State of Rhode Island

Department of State - Business Services Division

RILICEPTION STATE
BUS SYCS DIV
2011 NOV 22 PM 2: 55

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-</u>	<u>202</u> .
adopt(s) the following Articles of Incorporati	ion for such corporation.	
The name of the corporation is:		
Cadoret 6/c	bal Inc.	
Is this a close corporation pursuant to	RIGL <u>7-1.2-1701</u> of the General Laws	s, 1956, as amended? V Yes No
The total number of shares which the co (Unless otherwise stated, all authorized)	orporation has the authority to issue i	\$:
Total Authorized Shares	Class of Stock	Par Value Per Share
(Number of Shares)		T
1,000	Common	\$0.01
ĺ		
voting rights, and the qualifications, limitations State any provisions here (optional):	ins, or restrictions of them which are pe	Check the box to indicate an attachment
3. The name and address of the initial reg	gistered agent/office in Rhode Island	is:
Agent Name Enith Morillo Street Address (NOT a P.O. Box)	2	
Street Address (NOT a P.O. Box)		
1 Cadoret D) ~;~~ <u>~</u>	
City/Town Cumberland	State RHODE I	SLAND Zip Code 03.864
4. The corporation has the purpose of en	gaging in any lawful business, and st	nall have perpetual existence until dissolved
or terminated in accordance with RIGL /-	<u>-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 NOV 2 2 2021

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:				
	Check the bo	ox to indicate an attachment		
6. The name and address of each incorporator is:	Address			
Name Erith Morillo	1 Codoret De	-ive		
City/Town Cumberland	State /	Zip Code 02864		
Name	Address			
City/Town	State	Zip Code		
Name	Address	<u> </u>		
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY				
☐ Date received (Upon filing) ☐ Cater 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			
Enith Morillo	11/15/2021			
Signature of Incorporator Janita Monus				
Type or Print Name of Incorporator		Date		
Signature of Incorporator				
Type or Print Name of Incorporator		Date		
Signature of Incorporator		<u> </u>		
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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:

November 22, 2021 02:55 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

