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(DG)

State of Rhode Island

## **Department of State - Business Services Division**

H4 61 AON 1786

## **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:					
Mollennial Cleaning Service ,	Inc.				
Is this a close corporation pursuant to RIGL 7-1,2-1701 of the General Laws, 1956, as amended?  Yes No					
2. The total number of shares which the (Unless otherwise stated, all author			).01 per share.)		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value	Per Share		
100	Common	No par value			
If you desire, you may include a stateme voting rights, and the qualifications, limit State any provisions here (optional):	tations, or restrictions of them which	n are permitted by the provision are permitted by the pox to in			
3. The name and address of the initial	I registered agent/office in Rhode	Island is:			
Agent Name Mohamet Ba					
Street Address ( <u>NQT</u> a P.O. Box) 3970	0 Post Road unit 16				
City/Town Warwick	State RHC	DDE ISLAND Zip Co	de 02886		
4. The corporation has the purpose of or terminated in accordance with RIGI		and shall have perpetual ex	kistence 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 DEC 0 1 2021 BEC 0 1 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 box to indicate an attachment		
6. The name and address of each incorporator is:				
Name Joseph Tudino	Address 915 Smith Street			
City/Town Providence	State RI	Zip Code 02908		
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/ accompanying attachments, and that all statements co				
Type or Print Name of Incorporator	Date			
Joseph Tudino	11/16/2021			
Signature of Incorporator  Muchus				
Type of 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:

December 01, 2021 02:20 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

