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State of Rhode Island Department of State - B	usiness Services Division	
Articles of Incorporation OMESTIC Business Corporatio → Filing Fee: \$230.00 minimum	חס	RECEIVED STAMP R.I. DEPT. OF STATE BUS SVCS DIV SUBJECTS 2022 JUN 24 P 1: 15
he undersigned, acting as incorporate dopt(s) the following Articles of Incorp	or(s) of the corporation under RIGL <u>7-1</u> oration for such corporation:	
1. The name of the corporation is:		
SUSTAINABLY ROYALE I	NC	
In this scalars personalise surgues	t to RIGL 7-1.2-1701 of the General La	ws. 1956. as amended? Yes No
	ne corporation has the authority to issu	
	rized shares are deemed to have a nor	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
1,000.		0.01
		the power, preferences, and rights, including permitted by the provisions of RIGL <u>7-1,2</u> . Check the box to indicate an attachment
3. The name and address of the initia Agent Name EDWARD AMEEN	I registered agent/office in Rhode Islan	d is:
Street Address (<u>NOT</u> a P.O. Box) 390) NEWPORT AVE	
City/Town PAWTUCKET	State RHODE	Zip Code
4. The corporation has the purpose of or terminated in accordance with RIG		shall have perpetual existence until dissolved
		1.15 FLED

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 7-1.2 which the incorporators elect to have set forth in these	;
Articles of Incorporation:	

NO ADDITIONAL PROVISIONS

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IPSITA ROY 390 NEW PORT AUR City/Town State Zip Code Name Address City/Town State Zip Code Name Address			
Name IPSITA ROY Address 390 N C W PORT AUX City/Town State Zip Code IR I 0 386/ Name Address O 386/ Address City/Town State Zip Code Name Address O 386/ Output State Zip Code Name Address O 286/ Name Address City/Town State Zip Code Image: Code Name Address O 286/ Output State Zip Code Output State Zip Code Type when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY Image: Code Output Output Image: Code Image: Code Type of Print Name of Incorporator Image: Code Image: Code Signature of Incorporator Date Image: Code Image: Code Signature of Incorporator Date Image: Code Image: Code Image: Code Signature of Incorporator Date Image: Code Image: Code Image: Code Image: Code <th></th> <th> Ch</th> <th>eck the box to indicate an attachment</th>		Ch	eck the box to indicate an attachment
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Name Address City/Town State Zip Code 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 Image: Check one box on the date of filing) Image: Check on the date of provide the date of filing) Image: Check on the date of filing) Image: Check on the date of provide the date of filing) Image: Check on the date of filing) Image: Check on the date of provide the date of filing) Image: Check on the date of filing) Image: Check on the date of provide the date of filing) Image: Check on the date of filing) Image: Check on the date of provide the date of filing) Image: Check on the date of filing) Image: Check on the date of provide the date of filing) Image: Check on the date of filing) Image: Check on the date of filing on the date of filing) Image: Check on the date of filing) Image: Check on the date of filing on the dat			NEWPORT AUR
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Name Address City/Town State Zip Code 7. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY Image: Check one box on the second provide the second pr	Name	Address	
City/Town State Zip Code 7. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY Image: Check content of the second content of	City/Town	State	Zip Code
7. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY Image: Contract of Date received (Upon filing) Image: Contract of Incorporator Image: Contract of Incorporator <t< td=""><td>Name</td><td>Address</td><td></td></t<>	Name	Address	
Date received (Upon filing) Image: Constraint of the second s	City/Town	State	Zip Code
Later effective date (Date must be no more than 90 days from the date of filing) Grad Grad	7. Date when these Articles of Incorporation w	ill be effective: CHECK ONE BOX	ONLY
accompanying attachments, and that all statements contained herein are true and correct. Type or Print Name of Incorporator Signature of Incorporator Type or Print Name of Incorporator Type or Print Name of Incorporator Date Date Date		re than 90 days from the date of fil	ing) 6/24/22
IPSITA ROY 6 - 24 - 22 Signature of Incorporator X Y H Date Type or Print Name of Incorporator Date Signature of Incorporator Date			
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Type or Print Name of Incorporator Date	Type or Print Name of Incorporator		Date
	Signature of Incorporator	······································	, ,,
Signature of Incorporator	Type or Print Name of Incorporator		Date
	Signature of Incorporator		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

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:

June 24, 2022 01:15 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

