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Articles of IncorporationDOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

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| The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1,2-202, | |
|---|--|
| adopt(s) the following Articles of Incorporation for such corporation: | |

| 1. The name of the corporation is: | JIT TOT SUCH COTPORTION. | | | \neg |
|---|---|-------------------------|--|---------------|
| 1. The name of the corporation is: | | | | |
| MCCAFFREY CLEANING CO | | | | |
| Is this a close corporation pursuant to F | RIGL 7-1,2-1701 of the G | eneral Laws, 1956, as | amended? Yes No | |
| 2. The total number of shares which the co (Unless otherwise stated, all authorized | orporation has the authori | ty to issue is: | | |
| Total Authorized Shares (Number of Shares) | thorized Shares Class of Stock | | Par Value Per Share | |
| 1000 | COMMON | NO F | PAR | _ |
| | | | | |
| | | | | - |
| If you desire, you may include a statement of voting rights, and the qualifications, limitation | I all or any of the designations, or restrictions of them v | ons and the power, pref | ferences, and rights, including he provisions of RIGL 7-1.2. | |
| State any provisions here (optional): | | | e box to indicate an attachment | |
| | | | | |
| | | | | |
| 3. The name and address of the initial regi | stered agent/office in Rh | ode Island is: | | |
| Agent Name RON DETHOMAS | | | | |
| Street Address (NOT a P.O. Box) 2227 M | INERAL SPRING A | /E | - | |
| City/Town NORTH PROVIDENCE | State | RHODE ISLAND | Zip Code 02911: | |
| 4. The corporation has the purpose of eng | aging in any lawful busin | ess, and shall have pe | rpetual existence until dissolve | $\overline{}$ |

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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FORM 100 - Revised: 12/2021

| 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: | | | | | | |
|---|--------------------------|------------------------------|--|--|--|--|
| NONE AT THIS TIME | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Check the b | ox to indicate an attachment | | | | |
| 6. The name and address of each incorporator is: | | | | | | |
| Name ALYIA MCCAFFREY | Address 25 RUGGLES ST | | | | | |
| 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) | | | | | | |
| | | Incorporation including any | | | | |
| Under penalty of perjury, I/we declare and affirm that I/we had accompanying attachments, and that all statements contain | | incorporation, including any | | | | |
| Type or Print Name of Incorporator | | Date | | | | |
| ALYIA MCCAFFREY | | 01/04/23 | | | | |
| Signature of Incorporator White Management of the Company of the | | | | | | |
| 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, GREGG M. AMORE, 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:

January 13, 2023 10:57 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

