

RILDEPT. OF STATE BURSMOS DIV

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

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:		
SERVIPAO MULTISCAVI	CE & TRAVER AGENCY	INC
Is this a close corporation pursuant to RIGI	_ <u>7-1,2-1701</u> of the General Laws, 1956,	as amended? Yes No
The total number of shares which the corpo (Unless otherwise stated, all authorized share)		r value of \$0.01 per share.)
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
100	Common	NO PAR
		
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If you desire, you may include a statement of all voting rights, and the qualifications, limitations, o		
State any provisions here (optional):		the box to indicate an attachment
The name and address of the initial register	ed agent/office in Rhode Island is:	
	ed agent/office in Rhode Island is:	
Agent Name		
3. The name and address of the initial register Agent Name EBCRLY SUCHIO Street Address (NOT a P.O. Box)		
Agent Name EBCR LY Street Address (NOT a P.O. Box)		
Agent Name EBCRLY SUCHIE	ΤΕ	Zip Code
Agent Name EBCRLY SUCHIT Street Address (NOT a P.O. Box) 66 ANGELL AVE		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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V.A.3.250M

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:				
	Check the t	pox to indicate an attachment		
6. The name and address of each incorporator is:	-			
Name	Address			
EBERLY M SUCHITE	66 ANGELL A	•		
City/Town	State	Zip Code 029//		
NORTH PROVIDENCE	R / Address	02711		
Ivallie	Address			
City/Town	State	Zip Code		
ŕ				
Name	Address			
		<u> </u>		
City/Town	State	Zip Code		
	.l			
7. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY				
Date received (Upon filing)				
ater 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	<u>.,</u>	Date / /		
EBERLY SUCHITE		2/23/23		
Signature of Incorporator				
Galery M. Lucius				
Type or Print Name of Incorporator		Date		
Signature of Incorporator				
Type or Print Name of Incorporator		Date		
Signature of Incorporator		<u> </u>		
Signature of incorporator				