RI SOS Filing Number: 202336837930 Date: 6/15/2023 1:06:00 PM

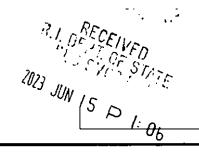


State of Rhode Island **Department of State - Business Services Division**



Articles of Incorporation DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum



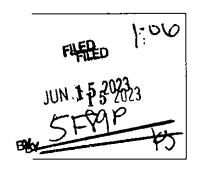
The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1.2-202. adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:			_
Sandy Clossick Enterprises	s, Inc.		
Is this a close corporation pursuan	t to RIGL <u>7-1.2-1701</u> of the Genera	l Laws, 1956, as amended? 🗹 Yes 🔲	No
2. The total number of shares which the (Unless otherwise stated, all authority)		issue is: nominal or par value of \$0.01 per share.)	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	
1000	Common	No Par Value	
		nd the power, preferences, and rights, includ are permitted by the provisions of RIGL <u>7-1.2</u> Check the box to indicate an attachr	<u>2</u>
3. The name and address of the initial	registered agent/office in Rhode Is	sland is:	
Agent Name David M. D'Agostino	•		
Street Address (<u>NOT</u> a P.O. Box)	Danielson Pike		
City/Town North Scituate	State RHOD	DE ISLAND Zip Code 02857	
4. The corporation has the purpose of		and shall have perpetual existence until dis	solved

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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



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: N/A				
	. (Check the box to indicate an attachment		
6. The name and address of each incorporator is:				
Name Sandy Clossick		7 Taunton Avenue, Apt. 2		
City/Town Johnston	State RI	Zip Code 02919		
Name	Address			
City/Town	State	Zip Code		
Name	Address			
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation will be effe	ective: CHECK ONE BO	X ONLY		
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
8. Under penalty of perjury, I/we declare and affirm that accompanying attachments, and that all statements co		· · · · · · · · · · · · · · · · · · ·		
Type or Print Name of Incorporator	Date			
Sandy Clossick	June 6, 2023			
Signature of Incorporator		•		
Type or Print Name of Incorporator	Date			
Signature of Incorporator				
Type or Print Name of Incorporator		Date		
Signature of Incorporator		l		

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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:

June 15, 2023 01:06 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

