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2023 AUG 30 P 3: 49

## **Articles of Incorporation**

**DOMESTIC Business Corporation** 

→ Filing Fee: \$230.00 minimum

	ion for such corporation:	
The name of the corporation is:		
High Low Flecti	cal Contracting	Inc.
CHeck if this a close corporation pursu	iant to RIGL <u>7-1,2-1701</u> of th <del>e C</del> ene	eral Laws, 1956, as amended.
<ol><li>The total number of shares which the co (Unless otherwise stated, all authorized)</li></ol>	•	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
100	CNP	0.00
		e power, preferences, and rights, including
If you desire, you may include a statement of voting rights, and the qualifications, limitation State any provisions here (optional):		
voting rights, and the qualifications, limitation		ermitted by the provisions of RIGL 7-1.2.
voting rights, and the qualifications, limitation		ermitted by the provisions of RIGL 7-1.2.
voting rights, and the qualifications, limitation		ermitted by the provisions of RIGL 7-1.2.
voting rights, and the qualifications, limitation	ns, or restrictions of them which are p	ermitted by the provisions of RIGL <u>7-1,2</u> .  Check the box to indicate an attachment
voting rights, and the qualifications, limitation State any provisions here (optional):	ns, or restrictions of them which are p	ermitted by the provisions of RIGL <u>7-1,2</u> .  Check the box to indicate an attachment
voting rights, and the qualifications, limitation State any provisions here (optional):  3. The name and address of the initial reg	ns, or restrictions of them which are p	ermitted by the provisions of RIGL <u>7-1,2</u> .  Check the box to indicate an attachment
voting rights, and the qualifications, limitation State any provisions here (optional):  3. The name and address of the initial reg Agent Name  Agent Name  Street Address (NOT a P.O. Box)  City/Town	istered agent/office in Rhode Island  Wilbur Avenue  State	ermitted by the provisions of RIGL 7-1.2.  Check the box to indicate an attachment is:  Zip Code
voting rights, and the qualifications, limitation State any provisions here (optional):  3. The name and address of the initial reg Agent Name  Agent Name  Street Address (NOT a P.O. Box)  City/Town  CanSton	istered agent/office in Rhode Island  Wilbur Avenue  State  RHODE IS	ermitted by the provisions of RIGL 7-1,2.  Check the box to indicate an attachment is:  Zip Code

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 <u>7-1.2</u> which the incorporators elect to have set forth in these Articles of Incorporation.				
4	Check the b	ox to indicate an attachment		
6. The name and address of each incorporator is:				
Name Brett Wallick	Address 30 Acgyle			
Riverside	State 1	Zip Code		
Name Raymond Berarducci III	Address 181 Grace	St		
City/Town Cranston	State B (	Zip Code 02910		
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)				
8. 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  Brett  W	allick	Date 8/30/13		
Signature of Incorporator				
Type or Print Name of Incorporator	Berarducci III	Date 6/30/23		
Signature of Incorporator				
Type or Print Name of Incorporator		Date		
Signature of Incorporator		L		