



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 SEP 28 A 11:30

### Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number:  001763486	2. The name of the corporation is:  David and Son, Inc.
3. The document to be corrected is:  Articles of Incorporation	4. The date the document being corrected was originally filed:  9/26/2023
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:  The name was entered as "David and Son, Inc." in error. It should have been "Davis and Son, Inc."	
6. The new corrected portion of the document states as follows:  The name of the corporation should be "Davis and Son, Inc."	
7. The corrected document <b>MUST</b> be attached to this certificate.	
8. As required by RIGL <u>7-1.2-105</u> , the entity has paid all fees and taxes.	

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

SEP 28 2023

BY LKS 767GT

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer of the Corporation

Christina M Offenberg

Date

9-26-23

Signature of Authorized Officer of the Corporation

Christina M Offenberg



State of Rhode Island  
Department of State - Business Services Division

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2023 SEP 28 A 11:31

## 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:

Davis and Son, Inc.

☐ Check if this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended.

2. The total number of shares which the corporation has the authority to issue is:

(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)

Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
100	Common No Par	0.00

If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2. State any provisions here (optional):

Check the box to indicate an attachment ☐

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name Cristina M. Offenberg

Street Address (NOT a P.O. Box) 1100 Aquidneck Avenue

City/Town Middletown

State RHODE ISLAND

Zip Code 02842

4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

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Website: www.sos.ri.gov

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 box to indicate an attachment ☐

6. The name and address of each incorporator is:

Name  
Andrew L. Davis

Address  
55 Summerfield Lane

City/Town  
Middletown

State  
RI

Zip Code  
02842

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) \_\_\_\_\_

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

Andrew L. Davis

Date

9/26/2023

Signature of Incorporator

*Andrew L. Davis*

Type or Print Name of Incorporator

Date

Signature of Incorporator

Type or Print Name of Incorporator

Date

Signature of Incorporator



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

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:

September 28, 2023 11:30 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

