RI SOS Filing Number: 202342392700 Date: 10/23/2023 3:24:00 PM



State of Rhode Island

Department of State - Business Services Division

STAMFAILS

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:					
FPS CLEANING SERVICE	ES INC				
Check if this a close corporation p	oursuant to RIGL 7-1.2-	1701 of the General Law	s, 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		
10,000.00	CWP	\$	51.00		
If you desire, you may include a statem voting rights, and the qualifications, lim State any provisions here (optional):		them which are permitted			
3. The name and address of the initia	al registered agent/office	in Rhode Island is:			
Agent Name FABIANO PEREIRA					
Street Address (NOT a P.O. Box) 222	2 WARREN AVE				
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip Code 02914		
The corporation has the purpose of or terminated in accordance with RIG		l business, and shall have	e perpetual existence until dissolved		

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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E Additional provisions if timei-t	OICL 7 1 2 which the i	porators elect to have est forth in those		
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:				
Articles of incorporation.				
		Check the box to indicate an attachment		
6. The name and address of each incorporator is:				
Name FABIANO PEREIRA SIQUEIRA	Address 600 SM	Address 600 SMITHFIELD RD		
City/Toyun		Zin Code		
City/Town PROVIDENCE	State RI	02904		
Name	Address			
City/Town	State	Zip Code		
Name	Address			
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation will be e	ffective: 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 the	hat I/we have examined the	ese Articles of Incorporation, including any		
accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Incorporator	Date			
FABIANO PEREIRA SIQUEIRA		10/12/23		
1 1				
Signature of Incorporator				
Type or Print Name of Incorporator		Date		
Signature of Incorporator				
Time or Drint Name of Incompared	a 1000	Deta		
Type or Print Name of Incorporator		Date		
Signature of Incorporator				

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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:

October 23, 2023 03:24 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

