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State of Rhode Island Department of State - Business	Services Division			
Articles of Incorporation DOMESTIC Business Corporation → Filing Fee: \$230.00 minimum		RECEIVED R.I. DEPT. OF STATE BUS SVOS DIV STAIN? 2024 JAN 19 P 2: 37 Jun: 1		
The undersigned, acting as incorporator(s) of the co adopt(s) the following Articles of Incorporation for si	•	2.		
1. The name of the corporation is:	_			
Lifetime Advisors	Group Inc			
Check if this a close corporation pursuant to R	IGL 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		
<u> </u>	souwar -	0.01		
If you desire, you may include a statement of all or a voting rights, and the qualifications, limitations, or res State any provisions here (<i>optional</i>):	strictions of them which are permi			
3. The name and address of the initial registered a	agent/office in Rhode Island is:			
Agent Name John Wooden & CPA				
Street Address (<u>NOT</u> a P.O. Box)				
1275 Wanpensay Trail	State	Zip Code		
City/Town Querside	RHODE ISLAN			
4. The corporation has the purpose of engaging in or terminated in accordance with RIGL <u>7-1,2</u> .	any lawful business, and shall			

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

W FILED 237 JAN 1 9 2024 BY______

5. Additional provisions, if any, not inconsistent v Articles of Incorporation:	with RIGL <u>7-1.2</u> which the incorp	porators elect to have set forth in these
0. The second		heck the box to indicate an attachment
6. The name and address of each incorporator Name	Address	
Subcold nET	57 Wost	St
City/Town Wurren	State NI	Zip Code
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	e than 90 days from the date of f	iling)
8. Under penalty of perjury, I/we declare and aff accompanying attachments, and that all statements		
Type or Print Name of Incorporator		Date
John Washind		1-19-2024
Signature of Incorporator		
Type or Print Name of Incorporator		Date
Signature of Incorporator		I
Type or Print Name of Incorporator		Date
Signature of Incorporator	·····	•

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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:

January 19, 2024 02:32 PM

Treng M. Course

Gregg M. Amore Secretary of State

