RI SOS Filing Number: 202447157510 Date: 2/23/2024 12:05:00 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:	·		
MIKE'S CONTRUCTI	<u> </u>	NC.	
Check if this a close corporation pursuant	<del></del>	·	
<ol><li>The total number of shares which the corporation (Unless otherwise stated, all authorized shares)</li></ol>			
Total Authorized Shares	Class of Stock	Par Value Per Share	
(Number of Shares)	0 -	.^	
(/,00	('np	" (*). (505	
If you desire, you may include a statement of all voting rights, and the qualifications, limitations, of State any provisions here (optional):			- - _
2. The many and address of the initial control			
3. The name and address of the initial register	red agenvonice in knode island i	S: 	
Agent Name			
Maria Castro			
Street Address ( <u>NOT</u> a P.O. Box)			
893 Diamond Hill Rd	Ad 1		
City/Town	State	Zip Code	
Woogscket	RHODE ISL	and 02895	
4. The corporation has the purpose of engagir	ng in any lawful business, and sh	all have perpetual existence until dissolve	ed
or terminated in accordance with RIGL 7-1.2			

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 12:05

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5. Additional provisions, if any, not inconsistent with RIG Articles of Incorporation:	GL <u>7-1,2</u> which the inco	rporators elect to have set forth in these		
		Check the box to indicate an attachment		
The name and address of each incorporator is:	<del></del>			
Name	Address			
Maria Castro		amond HILL Rd		
City/Town	State	Zip Code		
Name	Address	02895		
	7.00.000			
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 accompanying attachments, and that all statements co		•		
Type or Print Name of Incorporator		Date		
Signature of Incorporator				
Type or Print Name of Incorporator		Date		
Signature of Incorporator				
Type or Print Name of Incorporator		Date ( 2 ) = 1		
maria Carro		2/23/24		
Signature of Incorporator  Mario Cestro				

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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:

February 23, 2024 12:05 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

