RI SOS Filing Number: 202447720200 Date: 3/1/2024 3:50:00 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:	
The name of the corporation is:	
Master Kitchens Center inc	
Check if this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as an	nended.

Check if this a close corporation pursu	uant to RIGL 7-1,2-1701 of the Gen	eral 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		
10,000	<u>CnP</u>			
If you desire, you may include a statement ovoting rights, and the qualifications, limitatio State any provisions here (optional):				
3. The name and address of the initial reg	istered agent/office in Rhode Island	d is:		
Anent Name . I	ralez			
Street Address (NOT a P.O. Box)	# 3			

US MAU 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

State

RHODE ISLAND

MAIL TO:

City/Town

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 0 1 2024

Zip Code

Additional provisions, if any, not inconsistent with Articles of Incorporation:	RIGL 7-1.2 which the incorp	porators 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	Address	-1 .1 0
Yanira Gonzalez		mes st #13
City/ lown \	State D	Zip Code
newPort R1	<u> </u>	07840
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code
<u> </u>		
7. Date when these Articles of Incorporation will be	effective: CHECK ONE BOX	CONLY
Date received (Upon filing)		
Later effective date (Date must be no more than	an 90 days from the date of f	iling)
8. Under penalty of perjury, I/we declare and affirm	that I/we have examined the	se Articles of Incorporation, including any
accompanying attachments, and that all statements	s contained herein are true a	nd correct.
Type or Print Name of Incorporator		Date
ganira Gonzalez		3-1-2024
Signature of Incorporator		
Harrie Aryale		
Type or Print Name of Incorporator	·- <u>·</u>	Date
Signature of Incorporator		
·		
Type or Print Name of Incorporator	-	Date
Circum and Indiana		
Signature of Incorporator		