

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: | | | |
|--|--|------------------------------|--|
| Douglas Pike Smiles Inc. | | | |
| Check if this a close corporation purs | suant to RIGL <u>7-1,2-1701</u> of the | e General Laws, 1956, as | amended. |
| 2. The total number of shares which the (Unless otherwise stated, all authorize | | | \$0.01 per share.) |
| Total Authorized Shares (Number of Shares) | Class of Stock | Par Valu | e Per Share |
| 1,000 | Common | \$1.00 | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| If you desire, you may include a statement voting rights, and the qualifications, limitati State any provisions here (optional): | t of all or any of the designations ions, or restrictions of them whic | h are permitted by the provi | s, and rights, including sions of RIGL <u>7-1.2</u> indicate an attachment |
| | | | |
| 3. The name and address of the initial re | gistered agent/office in Rhode | Island is: | |
| Agent Name Michael M. Goldberg, | Esq. | | |
| Street Address (NOT a P.O. Box) 536 A | Atwells Avenue, Suite 200 | | |
| City/Town Providence | State RHC | DDE ISLAND | ^{ode} 02818-1075 |
| 4. The corporation has the purpose of er or terminated in accordance with RIGL 7 | | and shall have 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

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| 5. Additional provisions, if any, not inconsis | tont with RIGL 7-1.2 which the incorporators | elect to have set forth in these | |
|---|---|--|--|
| Articles of incorporation: | | | |
| | | | |
| | | | |
| | | | |
| | Check In | e box to Indicate an attachment | |
| 6. The name and address of each incorpor | rator is: | | |
| Abhishek Kepoor | Addross | | |
| City/Town Smithfield | State Rhode Island | Zip Coda 02917 | |
| Name | Address | Address | |
| City/Town | State | Zip Code | |
| Name | Address | | |
| Clty/Town | State | Zip Code | |
| . Date when these Articles of Incorporation | will be effective: CHECK ONE BOX ONLY | | |
| Date received (Upon filing) | nore than 90 days from the date of filing) | | |
| | | | |
| . Under penalty of perjury, I/we declare and Companying attachments, and that all stat | d affirm that I/we have examined those Articlements contained herein are true and com | cles of incorporation, including any act. | |
| ype or Print Name of Incorporator | · | Date | |
| bhishek Kapoor | | March 15, 2024 | |
| gnature of Incorporator | | MARCH 15, 2024 | |
| pe or Print Name of Incorporator | ··· | | |
| pe of Finit Reline of Incorporator | | Date | |
| nature of Incorporator | | | |
| pe or Print Name of Incorporator | | Date | |
| | | | |
| nature of Incorporator | | • | |

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.