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State of Rhode Island Department of State - Business Services Division

REC'D RIDOS'BSD

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of the corporation under RIGL <u>7-1,2-202</u>, adopt(s) the following Articles of Incorporation for such corporation:

The name of the corporation is:		
Nova Corpo	ration	
Check if this a close corporation pursua	ant to RIGL 7-1,2-1701 of the Genera	Laws, 1956, as amended.
2. The total number of shares which the co- (Unless otherwise stated, all authorized	rporation has the authority to issue is	: 100
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
		00
		
If you desire, you may include a statement of voting rights, and the qualifications, limitations State any provisions here (optional):	s, or restrictions of them which are perr	nitted by the provisions of RIGL <u>7-1,2.</u> Check the box to indicate an attachment
3. The name and address of the initial regis	stered agent/office in Rhode Island is:	
Agent Name No.195		
Street Address (NOT a P.O. Box) 439 Doric Ale	<u> </u>	
City/Town ((anstrong)	State RHODE ISLA	ND Zip Code
4. The corporation has the purpose of enga		I 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 FILED人员

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5. Additional provisions, if any, not inconsistent with RIGL Z. Articles of Incorporation: 5 \ Shares Me 4 a Shares Jo.		ect to have set forth in these	
yu shares so			
The name and address of each incorporator is:	Check the b	ox to indicate an attachment	
Name Soll Novas	Address 439 Dor	care	
City/Town Crange on	State Mode Island	Zip Code	
Name Melyy Novas	Address 439 Dor.	ic arl	
City/Town (row st on	State RJ	Zip Code 0/2 9 1 0	
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 I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of Incorporator		Date (4/26/2024	
Signature of Incorporator			
Type or Print Name of Incorporator MUK V NOVAS		Date (1/26/2024	
Signature of Incorporator No.			
Type or Print Name of Incorporator		Date	

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.

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:

June 26, 2024 02:26 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

