

State of Rhode Island Department of State - Business Services Division

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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:

1. The name of the corporation is:				
Nova Corpora	tion			
Check if this a close corporation pursuant to	RIGL <u>7-1,2-1701</u> of the	General Laws, 19	56, as amended.	
2. The total number of shares which the corporal (Unless otherwise stated, all authorized share	tion has the authority to	issue is: 100		
Total Authorized Shares (Number of Shares)	Class of Stock	Pi	Par Value Per Share	
			00	
	······			
				
If you desire, you may include a statement of all or voting rights, and the qualifications, limitations, or r State any provisions here (optional):	any of the designations a estrictions of them which	are permitted by th	erences, and rights, including the provisions of RIGL <u>7-1,2</u> . In box to indicate an attachment	
3. The name and address of the initial registered	agent/office in Rhode I	sland is:		
Agent Name Melky Novas				
Street Address (NOT a P.O. Box) 439 Doric Ale				
City/Town ((anst)	State RHO	DE ISLAND	Zip Code 0290	
4. The corporation has the purpose of engaging or terminated in accordance with RIGL 7-1,2.	in any lawful business, a	and shall have per	petual 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人员是

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5. Additional provisions, if any, not inconsistent with RIGL 7. Articles of Incorporation: 5 Shares Me 4 a Shares Jo		ect to have set forth in these			
7 4 July 05 00		ox to indicate an attachment			
6. The name and address of each incorporator is:					
Name Joll Novas	Address 439 Dov?	case			
City/Town Crange of	State Made Island	Zip Code			
Name Melyy Novas	Address 439 Dor.	ic are			
City/Town Crow Stron	State RJ	Zip Code 0/2 9 / 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 da	vs from the date of filing)				
8. Under penalty of perjury, I/we declare and affirm that I/we	,	of Incorporation, including any			
accompanying attachments, and that all statements contain					
Type or Print Name of Incorporator		Date (4/26/2024			
Signature of Incorporator					
Type or Print Name of Incorporator Mel V V VOVAS	/	Date (1/26/2024			
Signature of Incorporator A Dog					
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