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## State of Rhode Island

## **Department of State - Business Services Division**



## **Articles of Incorporation**

**DOMESTIC Business Corporation** 

→ Filing Fee: \$230.00 minimum

2024 AUG -8 AM 10: 47

The undersigned, acting as incorporator adopt(s) the following Articles of Incorpo				_	
1. The name of the corporation is:					
LARIV'S INSPECTIONS, IN	IC				
Check if this a close corporation pu	rsuant to RIGL 7-1 2-	1701 of the General La	aws, 1956, as amended.		
<ol><li>The total number of shares which the (Unless otherwise stated, all authority</li></ol>	•	•	r par value of \$0.01 per share.)		
Total Authorized Shares (Number of Shares)	Class of Stock		Par Value Per Share		
100	COMMON		NO PAR		
If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL <u>7-1.2</u> .  State any provisions here (optional):  Check the box to indicate an attachment					
3. The name and address of the initial	registered agent/office	in Rhode Island is:			
Agent Name DONALD LARIVIERE	_				
Street Address ( <u>NOT</u> a P.O. Box)	PROVIDENCE PI	KE			
City/Town NORTH SMITHFIELD		State RHODE ISLANI	Zip Code 02896	_	
4. The corporation has the purpose of or terminated in accordance with RIGL		l business, and shall h	ave 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** 

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5. Additional provisions, if any, not inconsistent with RIGL <u>7-1.2</u> which the incorporators elect to have set forth in these Articles of Incorporation:					
	Check the b	ox to indicate an attachment			
6. The name and address of each incorporator is:		······································			
Name DONALD LARIVIERE	Address 220 PROVIDENCE PIKE				
City/Town NORTH SMITHFIELD	State RI	Zip Code 02896			
Name AIMEE LARIVIERE	Address 220 PROVIDENCE PIKE				
City/Town NORTH SMITHFIELD	State RI	Zip Code 02896			
Name	Address				
City/Town	State	Zip Code			
7. Date when these Articles of Incorporation will be effective	CHECK ONE BOX ONLY	· · · · · · · · · · · · · · · · · · ·			
<ul><li>✓ Date received (Upon filing)</li><li>☐ Later effective date (Date must be no more than 90 days from the date of filing)</li></ul>					
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 DONALD LARIVIERE	Date 8/5/2024				
Signature of Incorporator.					
Type or Print Name of Incorporator AIMEE LARIVIERE	Date 8/5/2024				
Signature of Incorporator  Limes Source					
Type or Print Name of Incorporator		Date			
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:

August 08, 2024 10:47 AM

Gregg M. Amore

Treg M. Coure

Secretary of State

