State of Rhode Island
**Department of State - Business Services Division**

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CORPORATIONS DIV.
2024 AUG -8 AM 10:47

# 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:

LARIV'S INSPECTIONS, INC

☑ Check if this a close corporation pursuant to RIGL 7-1.2-1701 of the General 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*** |
|---|---|---|
| 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 7-1.2.
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 (NOT a P.O. Box): 220 PROVIDENCE PIKE

| City/Town | State | Zip Code |
|---|---|---|
| NORTH SMITHFIELD | **RHODE ISLAND** | 02896 |

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.

**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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AUG 8 2024
BY Q2HES

FORM 100- Revised: 12/2023

5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators 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 | |
|---|---|---|
| DONALD LARIVIERE | 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**

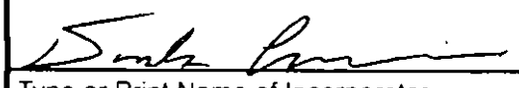
☑ Date received (Upon filing)

☐ 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.*

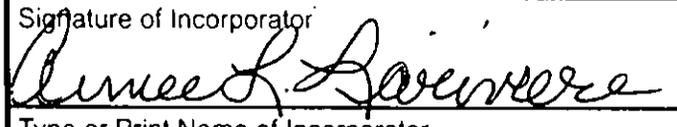
| Type or Print Name of Incorporator | Date |
|---|---|
| DONALD LARIVIERE | 8/5/2024 |

Signature of Incorporator



| Type or Print Name of Incorporator | Date |
|---|---|
| AIMEE LARIVIERE | 8/5/2024 |

Signature of Incorporator



| Type or Print Name of Incorporator | Date |
|---|---|
| | |

Signature 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.**