RI SOS Filing Number: 202566033250 Date: 3/3/2025 11:15:00 AM



State of Rhode Island Department of State - Business Services Division

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:

dobi(s) the following Articles of incorporation	To: Gueri Gorporation			
1. The name of the corporation is:		· —		
K.E.E. Distributors & Sales, INc		<u> </u>		
Check if this a close corporation pursuan	t to RIGL <u>7-1.2-1701</u> of the Gen	neral Laws, 1956, as amended.		
2. The total number of shares which the corp (Unless otherwise stated, all authorized sl	poration has the authority to issue	e is:)	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share		
1500		0 :		
<u> </u>				
			<u>_</u>	
voting rights, and the qualifications, limitations, State any provisions here (optional):	, or restrictions of them which are j	Check the box to indicate an attac	hment	
3. The name and address of the initial registered agent/office in Rhode Island is:				
Agent Name Everett Manchester		<u> </u>		
Street Address (<u>NQT</u> a P.O. Box) 47 A Kno	oll PL	ļ		
City/Town North Providence	State RHODE IS	SLAND Zip Code 020904		
4. The corporation has the purpose of engagor terminated in accordance with RIGL 7-1.2		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 FILED

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FORM 100- Revised: 12/2023

5. Additional provisions, if any, not inconsistent with RIGL 7. Articles of Incorporation:	-1.2 which the incorporators e	elect to have set forth in these
		1
	Check the	box to indicate an attachment
6. The name and address of each incorporator is:		DOX to indicate an attended
Name *** None Celle Marke)()(
City/Town V Provdence	State	Zip Code O2904
Name	Address	
City/Town	State	Zip Code
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 day	ys from the date of filing)	ı
8. Under penalty of perjury, I/we declare and affirm that I/we accompanying attachments, and that all statements contains	have examined these Article: ed herein are true and correc	s of Incorporation, including any t.
Type or Print Name of Incorporator		Date : 3/3/25
Signature of Incorporator		1
Type or Print Name of Incorporator		Date
Signature of Incorporator	44444	11
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.

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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:

March 03, 2025 11:15 AM

Gregg M. Amore Secretary of State

Treg M. Coure

