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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

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The undersigned, acting as incorporator adopt(s) the following Articles of Incorpo	r(s) of the corporation under RIGL 7-1	.2-202,	
The name of the corporation is:	ration for such corporation.		_
Newton Safety, Inc.			
Check if this a close corporation pu	ursuant to RIGL 7-1,2-1701 of the Ger	neral Laws, 1956, as amended.	_
2. The total number of shares which th (Unless otherwise stated, all authority)		ue is. minal or par value of \$0.01 per share.)	_
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	
1,000	Common	No Par	
If you desire, you may include a stateme voting rights, and the qualifications, limita State any provisions here (optional):	nt of all or any of the designations and t ations, or restrictions of them which are	the power, preferences, and rights, including permitted 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	registered agent/office in Rhode Islan	nd is:	_
Agent Name Richard J. Land, Esc] .		_
Street Address (<u>NOT</u> a P.O. Box) One	Park Row, Suite 300		
City/Town Providence	State RHODE IS	SLAND Zip Code 02903	
4. The corporation has the purpose of	engaging in any lawful business, and	shall have perpetual existence until dissolved	_

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

or terminated in accordance with RIGL 7-12.

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

MAR 1 9 2025

FORM 100- Revised 12/2023

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 Adam Freedman	Address 4 Bluemead Farm Lane			
City/Town Barrington	State RI	Zip Code 02806		
Name	Address			
City/Town	State	Zip Code		
Name	Address	dress		
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			
Adam Freedman	3/6/2025			
Signature of Incorporator Adult Marine Mar				
Type or Print Name of Incorporator	Date			
Signature of Incorporator				
Type or Print Name of Incorporator	Date			
Signature of Incorporator		1		

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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 19, 2025 02:47 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

