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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:

adopt(s) the following Articles of Incorporation for such corpo	18001.			
The name of the corporation is:		-		
Prestige Restaurant Li	ounge Co	or?		
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 Class of (Number of Shares)	Stock	Par Value Per Share		
		0.01		
<del></del>				
If you desire, you may include a statement of all or any of the o				
voting rights, and the qualifications, limitations, or restrictions of State any provisions here (optional):	•	d by the provisions of RIGL $7-1.2$ . eck the box to indicate an attachment $\Box$		
3. The name and address of the initial registered agent/office in Rhode Island is:				
Agent Name Hilda V. CePada				
Street Address (NOT a P.O. Box)	,			
122 Carleton	5 <del>/</del> .			
City/Town	State	Zip Code		
Dovidence	RHODE ISLAND	02908		
4. The corporation has the purpose of engaging in any lawfu	il business, and shall ha	ve 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 :53pm

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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:			
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	<b>5</b>	······	
Check the box to indicate an attachment			
6. The name and address of each incorporator is:			
Name	Address	l	
Hilda Celeda	122 carleto	T C C C C C C C C C C C C C C C C C C C	
City/Town	State	Zip Code	
Providence	KI	02908	
Name	Address	ı	
		<del>-</del>	
City/Town	State	Zip Code	
Name	Address		
		T	
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)			
9 Under conclty of parium, thus declars and affirm that thus have examined these Articles of Incorporation, including any			
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 ,	
	!	Date 0.3/25/75	
1/1/11/1000			
Signature of Incorporator			
AND THE STATE OF T			
Type or Print Name of Incorporator		Date	
	!		
Signature of Incompanies			
Signature of Incorporator			
Type or Print Name of Incorporator		Date	
	!		
Signature of Incorporator			
Signature of incorporator			