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

RICO RIDOS SSO 25 CSR 27 FK2:17:28

## **Articles of Incorporation**

**DOMESTIC Business Corporation** 

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator adopt(s) the following Articles of Incorporator			
The name of the corporation is:	ration for such corpora	uon.	
MARCIANO HOME IMPRO	VEMENTS INC		
Check if this a close corporation pu	ursuant to RIGL 7-1.2-1	701 of the General Laws, 1	1956, as amended.
The total number of shares which the (Unless otherwise stated, all authority)			value of \$0.01 per share.)
Total Authorized Shares (Number of Shares)	Class of S	tock	Par Value Per Share
1000	COMMON	0	
			_
If you desire, you may include a stateme voting rights, and the qualifications, limits State any provisions here (optional):		hem which are permitted by	
3. The name and address of the initial	registered agent/office	in Rhode Island is:	····
Agent Name RONALD DETHOMA	NS.		
Street Address (NOT a P.O. Box) 206	7 MINERAL SPRIN	G AVE	<u> </u>
City/Town NORTH PROVIDENCE		State RHODE ISLAND	Zip Code 02911
4. The corporation has the purpose of	engaging in any lawful	business, and shall have p	erpetual existence until dissolved

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

or terminated in accordance with RIGL 7-1.2.

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

MAR 27 2025 BY GMQHF

5. Additional provisions, if any, not inconsistent wit Articles of Incorporation: NONE AT THIS TIME	th RIGL 7-1.2 which the incorp	orators elect to have set forth in these	
The name and address of each incorporator is:		heck the box to indicate an attachment	
Name MICHAEL MARCIANO		Address 7 WENDI DRIVE	
City/Town NORTH PROVIDENCE	State RI	Zip Code 02911	
Name Marine	Address		
City/Town	State	Zip Code	
Name	Address		
City/Town	State	Zip Code	
7. Date when these Articles of Incorporation will be	e effective: CHECK ONE BOX	ONLY	
<ul><li>✓ Date received (Upon filing)</li><li>☐ Later effective date (Date must be no more the</li></ul>	han 90 days from the date of fi	ling)	
Under penalty of perjury, I/we declare and affirm accompanying attachments, and that all statement	n that I/we have examined thes its contained herein are true ar	se Articles of Incorporation, including any nd correct.	
Type or Print Name of Incorporator	Date		
Signature of Incorporator  Michael Mascus	AMR		
Type or Print Name of Incorporator	Date		
Signature of Incorporator			
Type or Print Name of Incorporator		Date	
Signature of Incorporator	<del></del>		

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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 27, 2025 02:17 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

