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State of Rhode Island Department of State - Business Services Division

RECEIVED R.I. DEPTLOF STATE EUS SVCS DIV

7075 EUR 31 P 2: 15

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

1. The name of the corporation is:			
RM LANDSCAPING & FIR	EWOOD INC		
Check if this a close corporation p	ursuant to RIGL 7-1,2-1701 of the Ger	neral Laws. 1956, as amended.	
2. The total number of shares which the (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	
100	COMMON	NO PAR	
If you desire, you may include a statement	ent of all or any of the designations and	the power, preferences, and rights, including	
If you desire, you may include a statement	ent of all or any of the designations and 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	
If you desire, you may include a stateme voting rights, and the qualifications, limit State any provisions here (optional):	ations, or restrictions of them which are	permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachment	
If you desire, you may include a statement voting rights, and the qualifications, limit State any provisions here (optional): 3. The name and address of the initial Agent Name	ations, or restrictions of them which are registered agent/office in Rhode Islan	permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachment	
If you desire, you may include a stateme voting rights, and the qualifications, limit State any provisions here (optional): 3. The name and address of the initial Agent Name ROBERT MARCOU.	ations, or restrictions of them which are registered agent/office in Rhode Islan	permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachment	
If you desire, you may include a statement voting rights, and the qualifications, limit State any provisions here (optional): 3. The name and address of the initial Agent Name	ations, or restrictions of them which are registered agent/office in Rhode Islan	permitted by the provisions of RIGL <u>7-1.2</u> . Check the box to indicate an attachment	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 31 2025 BY BTDFQ

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 b	pox to indicate an attachment		
6. The name and address of each incorporator is:				
Name ROBER MARCOUX	Address 2 JENCKS ROAL			
City/Town CUMBERLAND	State RI	Zip Code 02864		
		0200		
Name	Address			
		T		
City/Town	State	Zip Code		
Name	A -1-1	<u>l</u>		
Name	Address			
City/Town	State	Tain Codo		
City/lown	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		
ROBERT MARCOUX		3/21/2025		
Signature of Incorporator				
In _				
Type or Print Name of Incorporator		Date		
<u> </u>	~~			
Signature of Incorporator				
Type or Print Name of Incorporator		Date		
Signature of Incorporator		<u>l</u>		

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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 31, 2025 02:15 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

