RI SOS Filing Number: 202569814720 Date: 4/10/2025 12:59:00 PM



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 corpora	ation is:			
ELMWOOD AVEN	UE SHEL	L, INC.		
Check if this a close co	prporation purs	suant to RIGL 7-1.2-170	1 of the General Laws, 19	56. as amended.
2. The total number of sha	res which the	corporation has the auth		
Total Authorized Shares (Number of Shares)		Class of Sto	Stock Par Value Per Share	
600	i	no par common	0.00	
· · · · · · · · · · · · · · · · · · ·	<u>.</u> :			
				
voting rights, and the qualification of the state and provisions here (continued as a state and provisions here (continued as a state and provisions here)	cations, limitati		m which are permitted by th	erences, and rights, including le provisions of RIGL <u>7-1,2</u> . box to indicate an attachment
3. The name and address	of the initial re	egistered agent/office in l	Rhode Island is:	
Agent Name Joseph A.	Ţ			
Street Address (<u>NOT</u> a P.C	D. Box) 2417	Mendon Road		
City/Town Woonsocket	:	Sta	te RHODE ISLAND	Zip Code 02895
4. The corporation has the or terminated in accordance	•		siness, and shall have per	petual 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



STAMP

JO JECRETARY OF STATE

BY QOLSO

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	oox to indicate an attachment			
6. The name and address of each incorporator is:					
Name Joseph A. Lamagna	Address 2417 Mendon Road				
City/Town Woonsocket	State RI	Zip Code 02895			
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 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 Joseph A. Lamagna	Date 4/10/25				
Signature of Incorporator					
Type or Mint Name of Incorporator	Date				
Signature of Incorporator					
Type or Print Name of Incorporator	Date				
Signature of Incorporator					

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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:

April 10, 2025 12:59 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

