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State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD FOR SECRETARY OF STATE USE ONLY

## **Articles of Incorporation**

**DOMESTIC Business Corporation** 

→ Filing Fee: \$230.00 minimum

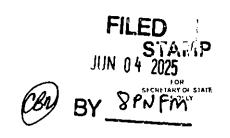
The undersigned, acting as incorporator(s) adopt(s) the following Articles of Incorpora		<u>202,</u>	
The name of the corporation is:			
Mamarita bar And	Grill INC.		
	uant to RIGL <u>7-1.2-1701</u> of the Genera	l Laws, 1956, as amended.	
The total number of shares which the confuses otherwise stated, all authorized			
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	
1	CNP		
If you desire, you may include a statement voting rights, and the qualifications, limitation State any provisions here (optional):			
The name and address of the initial reg	gistered agent/office in Rhode Island is		
Agent Name			
Esthefany Almanza	r		
Street Address (NOT a P.O. Box)			
42 Kossuth st			
City/Town	State	Zip Code	
Pravidence	RHODE ISLA	O7908	
	gaging in any lawful business, and sha	Il have perpetual existence until dissolved	
or terminated in accordance with RIGL 7-		· ·	

MAIL TO:

**Division of Business Services** 

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

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



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		
The name and address of each incorporator is:				
Name	Address	1		
Estherany Almanzar City/Town Providence	42 Kassuth	st		
City/Town	State	Zip Code		
Name	Address	02909		
TValle	Addiess			
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		Date		
Esthefany Almanzar		06-04-25		
Signature of Incorporator				
Estherany A				
Type or Print 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:

June 04, 2025 02:19 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

