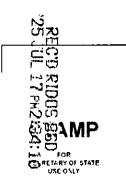
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State of Rhode Island

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 7-1,2-202	<u>,</u>
adopt(s) the following Articles of Incorporation for such corporation:	

The name of the corporation is:		
Spyk Med	ia Corporation	
Check if this a close corporation pursuar	nt to RIGL 7-1,2-1701 of the Genera	Laws, 1956, as amended.
The total number of shares which the corp. (Unless otherwise stated, all authorized stated)	•	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
1000	<u></u>	0.01
If you desire, you may include a statement of a voting rights, and the qualifications, limitations, State any provisions here (optional):		
3. The name and address of the initial regist	ered agent/office in Rhode Island is:	
Agent Name Moses Janga		
Street Address (<u>NOT</u> a P.O. Box) 250 Esten Ave		
City/Town Pawtncket	State RHODE ISLA	IND Zip Code 0 2860
4. The corporation has the purpose of engagor terminated in accordance with RIGL 7-1,2		Il have perpetual 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 FILED

STAMP

JUL 17 2025 FOR SECULTARY OF STATE

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:				
	C	heck the box to indicate an attachment		
The name and address of each incorporator is:				
Name	Address	1 5: 1		
Moses Janga City/Town Providence	75 Byf.	eld Street		
City/Town	State R (Zip Code		
Providence		02905		
Name	Address			
City/Town	State	Zip Code		
Name	Address			
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation will be ef	Tective: CHECK ONE BO	CONLY		
Date received (Upon filing)				
Later effective date (Date must be no more than	90 days from the date of t	îling)		
8. Under penalty of perjury, I/we declare and affirm th	at I/we have examined the	se Articles of Incompration, including any		
accompanying attachments, and that all statements of				
Type or Print Name of Incorporator	Date			
Moses Janga	07/17/2025			
Signature of Incorporator				
Month Thomas				
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:

July 17, 2025 02:34 PM

Gregg M. Amore
Secretary of State

Tregs M. Coure

