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State of Rhode Island Department of State - Business Services Division

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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:

The name of the corporation is:			
DVM MASONRY INC			
Check if this a close corporation purs	uant to RIGL 7-1,2-1701 of the Genera	Il Laws, 1956, as amended.	
The total number of shares which the c (Unless otherwise stated, all authorized)			
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	<u> </u>
75	CWP	\$ 0.01	
If you desire, you may include a statement	of all or any of the designations and the		
If you desire, you may include a statement voting rights, and the qualifications, limitation	of all or any of the designations and the pons, or restrictions of them which are per	mitted by the provisions of RIGL $7-1.2$	· _
If you desire, you may include a statement voting rights, and the qualifications, limitation State any provisions here (optional):	of all or any of the designations and the pons, or restrictions of them which are per	power, preferences, and rights, includ mitted by the provisions of RIGL 7-1.2 Check the box to indicate an attachr	· _
voting rights, and the qualifications, limitation	of all or any of the designations and the pons, or restrictions of them which are per	mitted by the provisions of RIGL $7-1.2$	· _
voting rights, and the qualifications, limitation	of all or any of the designations and the pons, or restrictions of them which are per	mitted by the provisions of RIGL $7-1.2$	· _
voting rights, and the qualifications, limitation	ons, or restrictions of them which are per	mitted by the provisions of RIGL <u>7-1.2</u> Check the box to indicate an attachr	· _
voting rights, and the qualifications, limitation State any provisions here (optional):	ons, or restrictions of them which are per	mitted by the provisions of RIGL <u>7-1.2</u> Check the box to indicate an attachr	· _
voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial recommendation of the initia	ons, or restrictions of them which are peri	mitted by the provisions of RIGL <u>7-1.2</u> Check the box to indicate an attachr	· _
voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial regarded Name JEOSADAQUE VILACA MOURA Street Address (NOT a P.O. Box)	ons, or restrictions of them which are peri	mitted by the provisions of RIGL <u>7-1.2</u> Check the box to indicate an attachr	· _
voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial regard Name JEOSADAQUE VILACA MOURA	ons, or restrictions of them which are peri	mitted by the provisions of RIGL <u>7-1.2</u> Check the box to indicate an attachr	· _
voting rights, and the qualifications, limitation State any provisions here (optional): 3. The name and address of the initial regarded Name JEOSADAQUE VILACA MOURA Street Address (NOT a P.O. Box)	ons, or restrictions of them which are peri	mitted by the provisions of RIGL 7-1.2 Check the box to indicate an attachr	· _

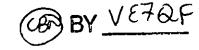
MAIL TO:

Division of Business Services148 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 4:16P

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5. Additional provisions, if any, not inconsistent with RI Articles of Incorporation:	IGL <u>7-1,2</u> which the inco	rporators elect to have set forth in these		
NONE				
		Check the box to indicate an attachment		
6. The name and address of each incorporator is:				
Name JEOSADAQUE VILACA MOURA	Address 32 HOPPIN RD			
City/Town NEWPORT	State RI	Zip Code 02840		
Name	Address			
City/Town	State	Zip Code		
Name	Address			
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation will be effe	ective: CHECK ONE BC)X 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 accompanying attachments, and that all statements co				
Type or Print Name of Incorporator		Date		
JEOSADAQUE VILACA MOURA		08/18/2025		
Signature of Incorporator Lessodague Viloce Moura				
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:

August 26, 2025 04:16 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

