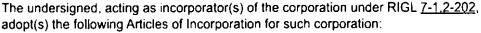
RI SOS Filing Number: 201985084210 Date: 1/24/2019 11:13:00 AM



## **Articles of Incorporation**

**DOMESTIC Business Corporation** 

→ Filing Fee: \$230.00 minimum





| 1. The name of the corporation is:  | ,                                 | <del>•</del>                |                                    |  |
|---|-----------------------------------|-----------------------------|------------------------------------|--|
| <b>Anli Supply Company</b>  | , Inc.                            |                             |                                    |  |
| Is this a close corporation pursuan   | it to RIGL <u>7-1,2-1701</u> of t | he General Laws, 1956, as   | s amended? Yes X No                |  |
| The total number of shares which the<br>(Unless otherwise stated, all author)           |                                   |                             | value of \$0.01 per share.)        |  |
| Total Authorized Shares<br>(Number of Shares)   | Class of S                        | tock I                      | Par Value Per Share                |  |
| 500   | common                            | no p                        | no par value                       |  |
|   |                                   |                             |                                    |  |
| If you desire, you may include a statement voting rights, and the qualifications, limit |                                   |                             |                                    |  |
| State any provisions here (optional):   |                                   | •                           | ne box to indicate an attachment   |  |
|   |                                   |                             |                                    |  |
| 3. The name and address of the initial  | registered agent/office i         | n Rhode Island is:          |                                    |  |
| Agent Name<br>Hangcheng An  |                                   |                             |                                    |  |
| Street Address (NOT a P.O. Box) 57 F  | Randolph Way                      |                             |                                    |  |
| City/Town Portsmouth  | 5                                 | State RHODE ISLAND          | Zip Code<br>02871                  |  |
| 4. The corporation has the purpose of   | * * * *                           | ousiness, and shall have pe | erpetual existence until dissolved |  |
| or terminated in accordance with RIG  | L <u>1-1.∠</u> .                  |                             |                                    |  |

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** 

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| 5. Additional provisions, if any, not inconsistent with RIGL <u>7-</u> Articles of Incorporation:   |                          | ox to indicate an attachment |  |  |  |
|---|--------------------------|------------------------------|--|--|--|
| 6. The name and address of each incorporator is:  |                          |                              |  |  |  |
| Name<br>Joseph Tudino   | Address 915 Smith Street |                              |  |  |  |
| City/Town Providence  | State RI                 | Zip Code <b>02908</b>        |  |  |  |
| 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 ONLY BOX     |                              |  |  |  |
| ✓ Date received (Upon filing)  Later effective date (Date must be no more than 90 days from the date of filing)   |                          |                              |  |  |  |
| 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                         |  |  |  |
| Joseph Tudino   |                          | 1/16/2019                    |  |  |  |
| Signature of Incorporator  White HERE   |                          |                              |  |  |  |
| Type or Print Name of Incorporator  |                          | Date                         |  |  |  |
| Signature of Incorporator SIGN DOCUMENT HERE  |                          |                              |  |  |  |
| Type or Print Name of Incorporator  |                          | Date                         |  |  |  |
| Signature of Incorporator SIGN DOC  | UMENT HERE               |                              |  |  |  |

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

January 24, 2019 11:13 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

