

## State of Rhode Island and Providence Plantations Department of State - Business Services Division

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

## Articles of Organization Limited Liability Company

Filing Fee: \$150.00

3015 DEC 16 AM 9: 1

Pursuant to the provisions of <u>RIGL 7-16</u>, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability compa	ny is	
CMM CLEANING SERVICE LLC		
2. The name and address of the limited li	ability company's resident agent in Rhode Island is:	
Name		
Carlos Mendez Acevedo		
Street Address (NOT a P.O. Box)		
236 Central st		
City/Town	State RHODE ISLAND	Zip Code
Central Falls	RHODE ISLAND	02863
a partnership or a corporation or disregarded as an entity sepa	rate from its member e limited liability company if it is determined at the time	e of organization
Street Address	o miniou national occupanty are is determined at the time	o or organization.
236 Central st		
City/Town	State	Zip Code
Central Falls	Rhode Island	02863
	rpose of engaging in any lawful business, and shall he with RIGL 7-16, unless a more limited purpose or du	

FILED

DEC 16 2015

By C 8330831

Form No. 400 Revised: 2015

6. Additional provisions, if any, not inconsistent wit of Organization, including, but not limited to, any li company is formed, and any other provision which	imita	ation of the purpo	ose(s) or dura	ation for w	hich the limited liability	
THE PARTICLE CONTROL OF THE PARTICLE WAS A STATE OF THE PA	<u>10 000</u>	<u>考述下下还完定要接触时,(59)。</u>				
			Checl	k this box	to indicate attachment	
7. The Limited Liability Company is to be managed	J by		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	# W   W   W   W   W   W   W   W   W   W		
You MUST check one box:  Its member(s) (If you have checked this box,	skip	to Section 8. <b>D</b> τ	not fill out t	he chart t	pelow.)	
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)						
MANAGER BUSINESS ADI	DRE	SS				
	_					
8. Date when these Articles of Organization will be	effe	ctive: CHECK O	NLY ONE B	ΟX		
Date received (Upon filing)				1		
Later effective date (Date must be no more that	an 3	i0 days from the∈	day of filing)	14	2016	
Under penalty of perjury, I declare and affirm that I panying attachments, and that all statements contains					tion, including any accom-	
Name of Authorized Person		Address				
Carlos Mendez Acevedo		236 Central st				
City/Town	Stat	te	Zip Code			
Central Falls	R.I	1.	02863			
Signature of Authorized Person  ale 2 Aceredo				Date /6//	12/15	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

