RI SOS Filing Number: 202333753530 Date: 4/24/2023 10:31:00 AM



State of Rhode Island

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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2023 APR 24 A 10: 31 ...

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organithe limited liability company to be organized hereby:	nization are adopted for	
The name of the limited liability company is:	, . -	
F. &C AUTO REPAIR AND TIRE SHOP LLC		
2. The name and address of the initial resident agent/office in Rhode	Island is:	
Agent Name Suennven Tuka E. Outkeks Street Address (NOT a P.O. Box)		
Street Address (NOT a P.O. Box)		
16 WOODSIDE Rd		
City/Town /	State	Zip Code
DROV.	RHODE ISLAND	02909
3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (CHECK ONE BOX):		
partnership or		
a corporation or		
disregarded as an entity separate from its member(s)		
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:		
Street Address 574 MANTON AU.		
City/Town/)	State R.I	Zip Code 02 909
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 10:31

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6. Additional provisions, if any, not consistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:		
7. The Limited Liability Compan	Check this box to indicate attachment	
You MUST check one box:	y is to be managed by.	
	checked this box, skip to Section 8. Do not fill out the chart below.)	
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	ADDRESS	
BUENAVENTURA E	CONTRELAS 28 26 WOODSIDE PJ PLON R. I OD	
Date when these Articles of C	Organization 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)		
Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.		
Name of Authorized Person	Address	
BUENAVENTURA	E. CONTRERAS 26 WOODSIDE RI	
City/Town	State Zip Code	
PROU.	R.I 02909	
Signature of Authorized Person	Date A/24/2022	
	17/24/303	

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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:

April 24, 2023 10:31 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

