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	State of Rhode Island Department of State - Business Service	es Division		
	les of Organization STIC Limited Liability Company		RECEIN R.L. DEP I. OF DUS SVC	STATE
\rightarrow Fil	ling Fee: \$150.00		2073 NOV - 3	P 12: 17
	t to the provisions of <u>RIGL 7-16</u> , the following Articled liability company to be organized hereby:	les of Organization are ado	pted for	
1. The i	name of the limited liability company is:			
	CHIQUI'S CLEAN'IN)6 MAID	Service	LLC
2. The i	name and address of the initial resident agent/offic	e in Rhode Island is:		
Agent N	Name Richard M	Gil		
Street A	Address (<u>NOT</u> a P.O. Box)			
City/Tov		State RHODE IS	Zip Code のよみと	8
	er the terms of these Articles of Organization and a ted liability company is intended to be treated for p			
	a disregarded as an entity separate from its n	nember (single member LL	C)	
	a partnership			
	a corporation			
4. The a	address of the principal office of the limited liability	company, if it is determined	d at the time of organization:	
Street A	Address			
City/Tov	wn	State	Zip Code	
until dis	limited liability company has the purpose of engagi solved or terminated in accordance with RIGL 7-10 6 of these Articles of Organization.			
			Vis FILED 1217	
			NOV 0 3 2023	

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov BY IN 8MI

 Additional provisions, if any, not consister of Organization, including, but not limited to company is formed, and any other provision 	, any limitation of the purpose	(s) or duration for which the limited liability			
	,				
		Check this hav to indicate attachment			
7. The Limited Liability Company is to be ma	anaged by its:	Check this box to indicate attachment			
You MUST check one box:					
Members (Owners) DO NOT complete the chart	OR	Manager(s). Complete the chart below.			
	MANAGER(S) NAME	ADDRESS			
		· ·			
Check this box to indicate attachment					
8. Date when these Articles of 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 accompanying attachments, and that all sta					
Name of Authorized Person	Address				
Richard G.L 110 Hilary Dr					
City/Town	State	Zip Code			
trovidence	RE	02908			
Signature of Authorized Person Date					
Kielier	'en	11/03/23			
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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.

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

November 03, 2023 12:17 PM

Treng M. Course

Gregg M. Amore Secretary of State

