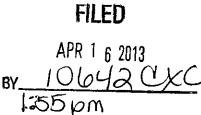
Domestic LLC Articles of Organization Reference: QS - 400 - 10642







Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

1-00 pm	(401) 222 3040
LIMITED LIABILITY COMPANY ARTICLES	OF ORGANIZATION
Pursuant to the provisions of Chapter Island, 1956, as amended, the follow adopted for the limited liability compared for this Form is:	<del>-</del>
Total Cost of Online Filing will be:	153.63
ARTICLE I	
The name of the limited liability com	pany is:
Business Name*	AES DESIGN LLC
ARTICLE II	
The street address (post office boxes are not acceptable Island is:	) of the limited liability company's resident agent in Rhode
Street 1*	20 Pallas Street #3
Street 2	
City*	Providence
State*	Rhode Island
Zip*	02903
and the name of the resident agent at such address is:*	Amy Stetkiewicz
at such address is:	
ARTICLE III	
Under the terms of these Articles of cagreement made or intended to be mintended to be treated for purposes disregarded as an entity separate from	of federal income taxation as:*
ARTICLE IV	
The address of its principal office of the limited liability of the	Not Determined at the time of organization:  Not Determined
Street 2	
City*	

State*		Rhode Island
Zip*		
ARTICLE V		
The limited liability company he forth in Article VI of these Article VI of these Article VI of its dur Enter date if not per	cles of Organization. Pation is*	Perpetual
ARTICLE VI		
elect to have set fort	th in these Articl Ition of the purp	onsistent with law, which members les of Organization, including, but not oses or any other provision which may
		- And the second
ARTICLE VII		
The limited liability of managed* You have indicated that this required.  ARTICLE VIII		e by its members ged by it's members. No Manager information is
The date these Articles of Organ these Articles of Organization.	nization are to become ef	fective, not prior to, nor more than 30 days after the filing of
16 Apr 2013		- Annual - A
Contact Information Prefix		
First Name*	Amy	
Middle Initial		
Last Name*	Stetkiewicz	
Suffix		
Title		
Phone*	(401) 419-	5861
Fax		
Email	amystetkie	wicz@gmail.com
Contact Company (If filing) Contact Address	different from	
Street 1*		20 Pallas Street #3
Street 2		
City*		Providence
State*		Rhode Island

Zip*	02903
Signature	
acknowledgement of the signatory, under penalties of the act and deed of the company, and that the facts of compliance with R.I. Gen. Laws § 7-16.	als signing this instrument constitutes the affirmation or of of perjury, that this instrument is that individual's act and deed of the dectronic filing, in
Signed By	
Business Name*	Amy Stetkiewicz
Address of Signer	
Street 1*	20 Pallas Street #3
Street 2	
City*	Providence
State*	Rhode Island
Zip*	02903
Laws § 7-16. You hereby agree that any legal issues of be litigated under the statutes and common laws of the defectively or erroneously executed, acknowledged on liability to any individual for the preclearance for the preclearance for the preclearance.	is electronic document is submitted in compliance with R.I. Gen. or causes of action arising from the submission of this filing will he State of Rhode Island. If this document is filed inaccurately, or otherwise defective in any respect, the secretary of state has filing, the acceptance for filing or the filing and indexing of this
By selecting ACCEPT you hereby acknowledge that thi Laws § 7-16. You hereby agree that any legal issues to be litigated under the statutes and common laws of the defectively or erroneously executed, acknowledged to	or causes of action arising from the submission of this filing will he State of Rhode Island. If this document is filed inaccurately, or otherwise defective in any respect, the secretary of state has
By selecting ACCEPT you hereby acknowledge that this Laws § 7-16. You hereby agree that any legal issues to be litigated under the statutes and common laws of the defectively or erroneously executed, acknowledged on a liability to any individual for the preclearance for instrument by the secretary of state.  Accept*	or causes of action arising from the submission of this filing will he State of Rhode Island. If this document is filed inaccurately, or otherwise defective in any respect, the secretary of state has filing, the acceptance for filing or the filing and indexing of this  Yes
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