

## 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

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company

to be organized hereby:								
1. The name of the limited liability company is:								
T & J Construction, LLC								
2. The name and address of the limited liability company's resident agent in Rhode Island is:								
Name Gregory S. Dias, Ésquire								
Street Address ( <u>NOT</u> a P.O. Box) 349 Warren Avenue								
City/Town East Providence,	State RF	IODE ISLAND	Zip Code 02914					
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):								
X a partnership <b>or</b>								
a corporation or								
disregarded as an entity separate from its member								
4. The address of the principal office of the limited liability company if it is determined at the time of organization:								
Street Address 215 Bourne Avenue								
City/Town Rumford	State RI		Zip Code 02916					
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.								

FILED

JAN 05 2016 BY <u>Cu 264603</u> 9:03

·	_							
6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other	ot limited to, any l	imita	ation of the purpo	se(s) or dura				
	·							
Check this box to indicate attachment								
7. The Limited Liability Company	is to be manage	d by	•					
You MUST check one box:  X Its member(s) (If you have compared)	checked this box,	skip	to Section 8. <b>Do</b>	not fill out t	he chart below.)			
One (1) or more manager(s) of Organization, state the na					the time of the filing of these Articles			
MANAGER	BUSINESS AD	DRE	ESS		· · · · · · · · · · · · · · · · · · ·			
		<u>.</u>	<del></del>					
8. Date when these Articles of Or	ganization will be	effe	ective: CHECK O	NLY ONE B	ox			
✓ Date received (Upon filing)								
Later effective date (Date mu	ust be no more th	an 3	30 days from the	day of filing)				
Under penalty of perjury, I declare panying attachments, and that all					Organization, including any accom-			
Name of Authorized Person			Address					
Antonio J. Fontes			215 Bourne Avenue					
City/Town		Sta	te	Zip Code				
Rumford		RI		02916				
Signature of Authorized Person	<u> </u>				Date			
Show Lough	· ·				January 4,2016			

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

