

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

SECRETARY OF STATE CORPORATIONS DIV

Articles of Organization Limited Liability Company

Filing Fee: \$150.00

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 comp	any is:		
CUTTING EDGE CONSTRUCTION LLC			
2. The name and address of the limited	liability company's resident ag	ent in Rhode Island is:	
Name ERNESTO SAETEROS ACOSTA			
Street Address (<u>NOT</u> a P.O. Box) 161 GLENBRIDGE AVENUE			
City/Town PROVIDENCE	State RHODE IS	LAND	Zip Code 02909-5158
3. Under the terms of these Articles of C the limited liability company is intended	organization and any written of to be treated for purposes of f	perating agreement made ederal income taxation as	or intended to be made, (check ONE box):
✓ a partnership or☐ a corporation or☐ disregarded as an entity sep	arate from its member		
4. The address of the principal office of	the limited liability company if	it is determined at the tim	e of organization:
Street Address 161 GLENBRIDGE AVENUE			
City/Town PROVIDENCE	State RI		Zip Code 02909-5158
5. The limited liability company has the until dissolved or terminated in accordance to the section 6 of these Articles of Organizations.	nce with RIGL 7-16, unless a r	wful business, and shall h nore limited purpose or d	ave perpetual existence uration is set forth in

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By 265937 KM

Form No. 400 Revised: 2015

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6. Additional provisions, if any, not inconsistent 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							
				Check	this box to indicate attachment		
7. The Limited Liability Company	is to be managed	by:					
You MUST check one box:	haalaad Ahia hay a	حادات	to Cootion 9 De	a mak fill avık kh	as about below)		
Its member(s) (If you have c	neckea this box, s	кір	to Section 8. Do	not till out ti	ie 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	BUSINESS ADD						
MATOLIA SERVICE							
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX							
✓ Date received (Upon filing)							
Later effective date (Date must be no more than 30 days from the day of filing)							
Under penalty of perjury, I declar panying attachments, and that all	e and affirm that I I statements conta	hav inec	re examined the d herein are true	se Articles of and correct.	Organization, including any accom-		
Name of Authorized Person			Address				
ERNESTO SAETEROS ACOSTA			161 GLENBRIDGE AVE				
City/Town		Stat	te	Zip Code			
PROVIDENCE	1	RI		02909-5158			
Signature of Authorized Person				1	Date)		
Signature of Authorized Person 01/25/20/6							
Almaha.							

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

