



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

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SECRETARY OF STATE
CORPORATIONS DIV
2016 JAN 29 AM 11:33

**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:		
Adam & Aaron LLC		
2. The name and address of the limited liability company's resident agent in Rhode Island is:		
Name Mehemood Qureshi		
Street Address (<u>NOT</u> a P.O. Box) 15 frances ave		
City/Town Johnston	State RHODE ISLAND	Zip Code 02919
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):		
<input type="checkbox"/> a partnership or <input checked="" type="checkbox"/> a corporation or <input type="checkbox"/> 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 15 frances av		
City/Town johnston	State RI	Zip Code 02919
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 ✓

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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 provision which may be included in an operating agreement:

Check this box to indicate attachment ☐

7. The Limited Liability Company is to be managed by:

You MUST check one box:

☐ Its member(s) (If you have 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

BUSINESS ADDRESS

mehemood qureshi

15 francis ave Johnston RI 02919

kalida qureshi

15 francis ave Johnston RI 02919

8. Date when these Articles of Organization will be effective: **CHECK ONLY ONE BOX**

☐ Date received (Upon filing)

02-01-2016

☒ Later effective date (Date must be no more than 30 days from the day 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

Mehemood Qureshi

Address

15 Francis ave

City/Town

johnston

State

RI

Zip Code

02919

Signature of Authorized Person

M. Qureshi

Date

01-29-2016

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.