

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 company is: | | | | | | |
|---|------------------|--|--|--|--|--|
| ROSARIO'S INTERPRETING LLC | | | | | | |
| 2. The name and address of the limited liability company's resident agent in Rhode Island is: | | | | | | |
| Name ROSARIO ROSENTHAL | | | | | | |
| Street Address (NOT a P.O. Box) | | | | | | |
| 25 TOWANDA NRIVE | | | | | | |
| Street Address (NOT a P.O. Box) 25 TOWANDA DRIVE City/Town NORTH PROVIDENCE RHODE ISLAND | Zip Code 02911 | | | | | |
| 3. Under the terms of these Articles of Organization and any written operating agreement made the limited liability company is intended to be treated for purposes of federal income taxation as | | | | | | |
| □ a partnership or □ 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 25 TOWANDA DRIVE | | | | | | |
| 25 TOWANDA DRÍVE City/Town State NORTH PROVIDENCE RI | Zip Code 02911 | | | | | |
| 5. The limited liability company has the purpose of engaging in any lawful business, and shall ha until dissolved or terminated in accordance with RIGL 7-16, unless a more limited purpose or dui Section 6 of these Articles of Organization. | | | | | | |

FILED

FEB **02** 2016

Form No. 400 Revised: 2015

| Additional provisions, if any, not of Organization, including, but not l company is formed, and any other | imited to, any limita | tion of the p | ourpose(s |) or dura | ition for which th | h in these Articles ne limited liability |
|--|---|--|--|------------------------------|--------------------|---|
| | N/A | | | | | |
| | | | | Check | k this box to indi | cate attachment |
| 7. The Limited Liability Company is | to be managed by: | | | | | |
| You MUST check one box: Its member(s) (If you have che | ecked this box, skip | to Section | 8. Do not | fill out th | he chart below.) | |
| One (1) or more manager(s) (lof Organization, state the name | If the limited liability e and address of ea | company h ich manage | as manaç r below.) | ger(s) at | the time of the | filing of these Articles |
| MANAGER | BUSINESS ADDRE | SS | | | | |
| ROSARIO ROSENTHAL | 25 TOWA | UDA D | RIVE | NOR | TH PROVIN | ENCE RI029 |
| | | | | | | |
| | | <u> </u> | | | <u>.</u> | |
| - Colonia - Colonia de Participa de Construencia de la colonia del Colonia de | Sillia hidingayadaxadarigay gogolarga ag pa | Sagi da jan ka da saya a ka | · Zana Angela da Ang | iek vine i morri pop tili co | - 1 | |
| 8. Date when these Articles of Orga | inization will be effe | ctive: CHE | CK ONLY | ONE B | OX. | |
| Date received (Upon filing) | | | | | | |
| Later effective date (Date must | t be no more than 3 | 0 days from | the day | of filing) | | |
| Under penalty of perjury, I declare a panying attachments, and that all st | and affirm that I hav tatements contained | e examineo I herein are | these Ar true and | ticles of correct, | Organization, in | cluding any accom- |
| Name of Authorized Person | | Address | | | 1 | |
| ROSARIO ROSENTH | 1AL | 25 | TOWA | 1NDA | 1 DRIVE | . |
| City/Town | Stat | е | Zip | Code | | · · · · · · · · · · · · · · · · · · · |
| NORTH PROVINER | ICE | ISI | | 02 | 911 | |
| Signature of Authorized Person | 2 0 | | ., <u>t</u> | | Date | _ |
| Wrenis /Co | welly) | | | | <u></u> | 2-16 |

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

