

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
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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.