

## 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

Francisco's Masonry, LLC  2. The name and address of the initial re Name Ben Aceto, CPA	sident agent/o	office in Rhode Island is:		P	
Name	sident agent/o	office in Rhode Island is:			
			* 5 * * 7 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *	in Tuylifus La la se	
Street Address ( <u>NOT</u> a P.O. Box) 7 Hayfield Lane					
City/Town Cumberland	State	RHODE ISLAND	Zip Code 02864		
3. Under the terms of these Articles of O the limited liability company is intended t					
<ul><li>a partnership or</li><li>✓ a corporation or</li><li>✓ disregarded as an entity sepa</li></ul>	arate from its i	member			
4. The address of the principal office of t	he limited liab	ility company if it is determined a	t the time of organization:		
Street Address 75 Lincoln Ave.					
City/Town Central Falls	State Rhode Island	1	Zip Code 02863		

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Form No. 400 Revised: 2016

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6. Additional provisions, if any, no of Organization, including, but no							
company is formed, and any other							
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			· · · · · · · · · · · · · · · · · · ·	Chec	k this box to	indicate at	tachment 🔲
7. The Limited Liability Company is to be managed by:							
You MUST check one box:							
Its member(s) (If you have o	checked this box, s	skip	to Section 8. Do	not till out t	he chart bel	ow.)	
One (1) or more manager(s)					the time of	the filing of	these Articles
of Organization, state the na	me and address o	f ea	ach manager bel	ow.)			
MANAGER	BUSINESS ADD	RE	SS				
				*,	1 1		<u></u>
***************************************					<del> </del>		
8. Date when these Articles of Or	ganization will be	effe	ctive: CHECK C	NLY ONE B	ОХ		
Date received (Upon filing)							
					March 1, 2	016	
✓ Later effective date (Date mu	ust be no more tha	an 3	0 days from the	day of filing)			
Under penalty of perjury, I declare accompanying attachments, and						n, including	ı any
Name of Authorized Person			Address			-	
Javier Godinez Hernandez			75 Lincoln Ave				
City/Town		Stat	te	Zip Code			
Central Falls		RI		02863			
Signature of Authorized Person					Date		
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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

