

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

SECRETARY OF STATE CORPORATIONS DIV

Pursuant to the provisions of <u>RIGL 7-16</u>, the following Articles of Organization are adopted for the limited liab to be organized hereby:

1. The name of the limited liability company is:			
Merchant LLC			
2. The name and address of the limited liability company's resident agent in Rhode Island is:			
Name Lisandro Sancher			
Street Address (<u>NOT</u> a P.O. Box)	_ j	28 Eastwood Ave.	
City/Town Providence	State RHODE ISLAND	Zip Code Od 909	
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):			
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 P.O. 2930			
City/Town Providence	State RT	Zip Code	
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.			

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Form No. 400 Revised: 2015

	which the member(s) elect to have set forth in these Articles		
of Organization, including, but not limited to, any limitation company is formed, and any other provision which may be	i of the purpose(s) or duration for which the limited liability e included in an operating agreement:		
	Charlethia haveta instincts offer however		
7. The Limited Liability Company is to be managed by:	Check this box to indicate attachment		
You MUST check one box:	<u> Printerior i la lestima en la lebente especie la </u>		
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 co of Organization, state the name and address of each	mpany has manager(s) at the time of the filing of these Articles manager below.)		
MANAGER BUSINESS ADDRESS			
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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 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 Ac	dress 2970/		
City/Town State Zip Code			
Providences RT 02909			
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

