

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

to be organized hereby:	<u> </u>	- ······		
1. The name of the limited liability company is:				
Double H. professiona				
2. The name and address of the limited liability company's resident agent in Rhode Island is:				
MARCELINO AliceA				
Street Address (NOT a P.O. Box)				
1092 Portiae Aul				
City/Town	State RHODE ISLAND	Zip Code		
Cranston		06920		
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				
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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				
1072 Pontiac AVE				
City/Town	State	Zip Code		
Cranston	RT	02920		
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

6. Additional provisions, if any, r	ot inconsistent with law, which the	member(s) elect to have set forth in these Articles urpose(s) or duration for which the limited liability	
company is formed, and any oth	ner provision which may be include	d 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:	checked this how skin to Section (Po not fill out the chart helaw)	
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	below.)	
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Marcelino Alicea	1012 PONTIAC AV	e Cranston, RT, 02920	
9 Data when these Articles of O		V ANN AVE DAY	
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 declar	e and affirm that I have examined	these Articles of Organization, including any accom-	
panying attachments, and that al	I statements contained herein are	true and correct.	
Name of Authorized Person	Address	_	
Marcelino Alic		Pontiac ave CR RF	
City/Town	State	Zip Code	
Cranston	RI	02920	
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.