

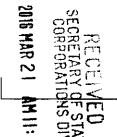
State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

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

1. The name of the limited liability compa	ny is:	
ARNAV TECH, THE LLC		
2. The name and address of the initial res	sident agent/office in Rhode Island is:	
Name SUNIL PINNAMANENI		
Street Address (<u>NOT</u> a P.O. Box) 1B SQUIRE LANE		
City/Town RIVERSIDE	State RHODE ISLAND	Zip Code 02915
	ganization and any written operating agreem be treated for purposes of federal income to rate from its member	
4. The address of the principal office of th Street Address 1B SQUIRE LANE	e limited liability company if it is determined	at the time of organization:
City/Town RIVERSIDE	State RHODE ISLAND	Zip Code 02915
	urpose of engaging in any lawful business, are with RIGL <u>7-16,</u> unless a more limited purp	

FILED MAR 2 1 2016

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Form No. 400 Revised: 2016

						
Additional provisions, if any, not inconsister of Organization, including, but not limited to, a company is formed, and any other provision w	any limita	ation of the purp	ose(s) or dura	ation for w	hich the limite	
			Chec	l thie hav	to indicate att	tachmont 🔲
7. The Limited Liability Company is to be man	aned by	r .	VIII I	K IIII2 DOV	10 IIIUloate att	achinent
You MUST check one box:	agou -,	<u>*</u>	Aught 1.	<u> </u>		<u>Resulte Abrael</u>
Its member(s) (If you have checked this I	box, skip	o to Section 8. D	o not fill out t	ihe chart t	oelow.)	
One (1) or more manager(s) (If the limite	ed liability	v company has r	manager(s) at	t the time	of the filing of	these Articles
of Organization, state the name and addr						111000711111111111111111111111111111111
MANAGER ADDRESS			[8] [8] [8] [8] [8] [8] [8] [8] [8] [8]	Fig. 1.4.3		
8. Date when these Articles of Organization wi	ill he effe	ective: CHECK (ONLY ONE B	OX		
	III DO	C	The second second		Aliana Jagaran	The second secon
∠ Date received (Upon filing)						
Later effective date (Date must be no mor	re than 3	30 days from the	day of filing)			
Under penalty of perjury, I declare and affirm to accompanying attachments, and that all states					tion, including	any
Name of Authorized Person	:	Address				
SUNIL PINNAMANENI		1B SQUIRE LA	UIRE LANE			
City/Town	Stat	te	Zip Code			
RIVERSIDE	RI	•	02915			
Signature of Authorized Person	1 , ,	٨		Date		
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			,	1		

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

