

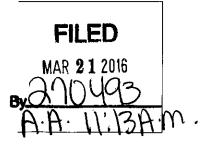
State of Rhode Island and Providence Plantations Department of State - Business Services Division 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

2016 MAR 2 1	RECEIVED - SECRETARY OF STATE
AM 11: 13	OF STATE

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 compa	iny is:			
Good Looking Contr	racting	LLC		
2. The name and address of the limited li	ability company	y's resident agent in Rhode Island is:		
Name Mae Augec				
Street Address (NOT P.O. Box)				
304 NORWOOD LIVE				
City/Town	State	RHODE ISLAND	Zip Code	
Warwick		KHODE ISLAND	0,2888	
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				
304 NORWOOD AVE	2			
	State		Zip Code	
Warwick		KJ	02888	
5. The limited liability company has the pu until dissolved or terminated in accordance Section 6 of these Articles of Organization	e with RIGL 7-			



of Organization, including, but not limited to,	ent with law, which the member(s) elect to have set forth in these Articles any limitation of the purpose(s) or duration for which the limited liability which may be included in an operating agreement:
	Check this box to indicate attachment
7. The Limited Liability Company is to be ma	inaged by:
You MUST check one box: Its member(s) (If you have checked this	s box, skip to Section 8. Do not fill out the chart below.)
One (1) or more manager(s) (If the limit of Organization, state the name and add	ted liability company has manager(s) at the time of the filing of these Articles dress of each manager below.)
MANAGER BUSINES	S ADDRESS
n <u>Mara i u de constanti di Asectado de constanti di 1744 de 199</u> I	<u>n 1999 ya kuta na kuta</u> Na kuta
8. Date when these Articles of Organization v	will be effective: CHECK ONLY ONE BOX
Date received (Upon filing)	
Later effective date (Date must be no me	nore than 30 days from the day of filing)
· · · · · · · · · · · · · · · · · · ·	that I have examined these Articles of Organization, including any accom-
panying attachments, and that all statements	s contained herein are true and correct.
Name of Authorized Person	Address
MAE AUGER	233 Monroe St
City/Town	State Zip Code
Signature of Authorized Person	Date
ar cherer	3/15/16

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.

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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

