

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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 compar	nvis	
Hetherington Ho	A Transportation of the Control of t	<u> 1885 (1985)</u> erekeren <u>eta 1985 (h. 19</u> 06)
	ability company's resident agent in Rhode Island is:	
Name Justin Hetherin	ston	
Street Address (NOT a P.O. Box) 3 Hockleberry Trail		
City/Town Saundentium	State RHODE ISLAND	Zip Code OZ874
3. Under the terms of these Articles of Orthe limited liability company is intended to	ganization and any written operating agreement made be treated for purposes of federal income taxation as	or intended to be made, (check ONE box):
a partnership or a corporation or disregarded as an entity separ	rate from its member	
	e limited liability company if it is determined at the time	e of organization:
Street Address 3 Hickleberry		
City/Town Savneterstown	State RI	Zip Code OZK74
5. The limited liability company has the pu until dissolved or terminated in accordance Section 6 of these Articles of Organization	urpose of engaging in any lawful business, and shall he se with RIGL 7-16, unless a more limited purpose or do n.	ave perpetual existence uration is set forth in

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Form No. 400 Revised: 2015

6. Additional provisions, if any, not inconsistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:		
	Check this box to indicate attachment	
7. The Limited Liability Company is to be ma	anaged by:	
You MUST check one box: Its member(s) (If you have checked this	is 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	ited liability company has manager(s) at the time of the filing of these Article dress of each manager below.)	
MANAGER BUSINES	SSADDRESS	
A STATE OF THE STA		
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 m	nore than 30 days from the day of filing)	
Under penalty of perjury, I declare and affirm panying attachments, and that all statements	n that I have examined these Articles of Organization, including any accom ts contained herein are true and correct.	
Name of Authorized Person Tistin Hetherington	Address 3 Huckleberry 11	
City/Town Sanders town	State Zip Code 0287.1/	
Signature of Authorized Person	Date	

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.