

State of Rhode Island and Providence Plantatic -

Department of State - Business Service. Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

SECRETARY OF STATE CORPORATIONS DIV

Articles of Organization DOMESTIC 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:					
1. The name of the limited liability compa	ny is:				
B. CORDERO LLC					
2. The name and address of the initial res	sident agent/office in Rhode Island is:				
Name BEATO A CORDERO					
Street Address (<u>NOT</u> a P.O. Box) 40 ASHBURNE ST					
City/Town PAWTUCKET	State RHODE ISLAND	Zip Code 02861			
	ganization and any written operating agreement note treated for purposes of federal income taxation				
□ a partnership or□ a corporation or☑ disregarded as an entity sepa	rate 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					
40 ASHBURNE ST					
City/Town PAWTUCKET	State RI	Zip Code 02861			
	urpose of engaging in any lawful business, and she with RIGL <u>7-16</u> , unless a more limited purpose				

FILED

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Form No. 400 Revised: 2016

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company is formed, and any oth	er provision which	шау	y de included 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: Its member(s) (If you have	checked this box, s	skip	to Section 8. Do	not fill out ti	ne chart below.)	
One (1) or more manager(s of Organization, state the na) (If the limited liab ime and address o	ility f ea	company has m ch manager bel	nanager(s) at ow.)	the time of the filing of these Articles	
MANAGER	ADDRESS					
BEATO A CORDERO	40 ASHBURN	E S	T PAWTUC	KET RI 028	861	
				· ····		
	Company of the compan		· · · · · · · · · · · · · · · · · · ·	was after 12.		
8. Date when these Articles of O	ganization will be	епе	CRIVE: CHECK C	NLY ONE B		
Date received (Upon filing)						
Later effective date (Date m	ust be no more tha	ın 30	0 days from the	day of filing)		
Under penalty of perjury, I declar accompanying attachments, and	e and affirm that I that all statements	have coi	e examined thes	e Articles of re true and c	Organization, including any orect.	
Name of Authorized Person			Address			
BEATO A CORDERO			40 ASHBURNE ST			
City/Town Sta		State	e	Zip Code		
PAWTUCKET RI RI		RI		02861		
Signature of Authorized Person	•				Date	
Juto Worker O	POCUMENTA	, <u>f</u> . j .	RE .		4/20/2016	

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.