

Street 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

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

A The state of the	entre de la companya de la compa		
1. The name of the limited liability	SECTION OF THE PROPERTY OF THE		
J.MARTINS CONSTRUCTION	ON LLC		
2. The name and address of the i	nitial resident agent/	office in Rhode Island is:	
Name JULIO MARTINS			
Street Address (NOT a P.O. Box)			
130 Authory A	JP/		
City/Town	State	RHODE ISLAND	Zip Code
faut.	RI		02860
3. Under the terms of these Article the limited liability company is into a partnership or a corporation or disregarded as an ent	ended to be treated f	or purposes of federal income tax	ration as (check ONE box)
Street Address	log of the invitour has	mity company in the determined at	. the time of organization.
130 ANTHONY AVE			
City/Town PAWTUCKET	State RI		Zip Code 02860
5. The limited liability company ha until dissolved or terminated in ac Section 6 of these Articles of Organ	cordance with RIGL	「大田」の「田川」は、「Manach 三世に上、 44 年 でものからなるとも、 「別の」では、 14 年 できる。	人名德格 医乳腺 医二甲基甲酰甲基 医多氯甲基甲基二基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲

FILED

APR 20 2016

APR 10:34A-W

Form No. 400 Revised: 2016

6. Additional providings, if any, not inconsistent with law, which the member(s) elect to imposet forth in these Art of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liab company is formed, and any other provision which may be included in an operating agreement:	
Check this box to indicate attachment	ent. 🔲
7. The Limited Liability Company is to be managed by:	
You MUST check one box: 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 of Organization, state the name and address of each manager below.)	Articles
MANAGER ADDRESS	
	· ··
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 declare and affirm that I have examined these Articles of Organization, including any	in the second
accompanying attachments, and that all statements contained herein are true and correct.	
Name of Authorized Person Address	
JULIO MUNTINI 130 ANTHONY AUG	
City/Town State Zip Code	
PAWkucket RI 02860	
Signature of Authorized Person Date Company Compan	٦
AUGUDOUND THERE 40000)

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

