

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

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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:

The name of the limited liability compar	ny is:				
A Lift In Life	e Trans	portation	Services	LLC	
2. The name and address of the initial resident agent/office in Rhode Island is:					
Name Lionel Eugene Brown In					
Street Address (NOT a P.O. Box)					
208 Ruosevelt St.					
Citv/Town	State	RHODE ISLAND	<u>, </u>	Zip Code	
Providence			,	02909	
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 208 ROOSEVE 1+	St.				
City/Town	State	4		Zip Code	
Providence	RHade	Island		02909	
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.					

FILED MAY 03 2016

of Organization, including, but n	ot inconsistent with law, which the most limited to, any limitation of the purper provision which may be included in	ember(s) elect to have set forth in these Articles cose(s) or duration for which the limited liability n an operating agreement:
		Check this box to indicate attachment.
7. The Limited Liability Company	is to be managed by:	
	checked this box, skip to Section 8. L	Do not fill out the chart below.) manager(s) at the time of the filing of these Article
	me and address of each manager be	
MANAGER	ADDRESS	
8 Date when these Articles of O	 ganization will be effective: CHECK	ONLY ONE BOX
dinistrativi in a manimatori proprio di manimatori per la companya di manimatori per la companya di manimatori		
☑ Date received (Upon filing)		
Later effective date (Date m	ust be no more than 30 days from the	e day of filing)
Under penalty of perjury, I declar	e and affirm that I have examined the	ese Articles of Organization, including any
accompanying attachments, and	that all statements contained herein	are true and correct.
Name of Authorized Person	Address	. 1
Lionel & BR	uwn In 208	Russevelt St
City/Town	State	Zip Code
Providence	RI	02409
Signature of Authorized Person		Date
VOM VSTGA	DOCUMENT HERE	18/3/16
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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

