

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

SECRETARY OF STATE CORPORATIONS DIV

Articles of Organization DOMESTIC Limited Liability Company

Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>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 | ny is: | | | | | |
|--|--|--------------------------|--|--|--|--|
| Ramos & Sons LLC | | | | | | |
| 2. The name and address of the initial res | sident agent/office in Rhode Island is: | | | | | |
| Name Juan Ramos | | | | | | |
| Street Address (<u>NOT</u> a P.O. Box) 20 Santiago st | | | | | | |
| City/Town Providence | State RHODE ISLAND | Zip Code 02907 | | | | |
| | ganization and any written operating agreem be treated for purposes of federal income ta | | | | | |
| 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 | | | | | | |
| 20 Santiago st | | | | | | |
| City/Town Providence | State RI | Zip Code 02907 | | | | |
| | urpose of engaging in any lawful business, ar e with RIGL <u>7-16,</u> unless a more limited purp h. | | | | | |

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Form No. 400 Revised: 2016

| 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: | | | | | | |
| A CONTRACTOR OF THE PROPERTY O | <u>Translation (Company)</u> | ***** | The second secon | M. Sur Tryon Su | A STATE OF THE STA | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | Check | k 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 c | hecked this box, s | skip | to Section 8. Do | not fill out th | he chart below.) | |
| One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.) | | | | | | |
| MANAGER | ADDRESS | | | | | |
| Wilson Ramos | 335 Bayview ave. Cranston,RI 02905 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | <u>,</u> | | | |
| | | | | | | |
| 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 accompanying attachments, and i | | | | | | |
| Name of Authorized Person | | | Address | | | |
| Juan Ramos | | | 20 Santiago st | | | |
| | | Stat | | Zip Code | | |
| Providence RI | | RI | | 020907 | | |
| Signature of Authorized Person SIGN DOCUMENT HE | | -10 | RE | | Date 05-06-16 | |

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.

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

