

 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

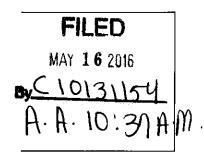
2016 HAY 16	RECRETARY OF SECRETARY OF CORPORATION
Am 10: 37	CED OF STATE IONS DIV

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 company is:		
KAS FREIGHT & TRANSPORTATION		
2. The name and address of the initial resident agent/office in	Rhode Island is:	
Name JORGE L REYES		
Street Address (<u>NOT</u> a P.O. Box) 85 LOWELL AVE		
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02909
3. Under the terms of these Articles of Organization and any w the limited liability company is intended to be treated for purpo	ritten operating agreement made ses of federal income taxation as	or intended to be made, (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 com	pany if it is determined at the time	of organization:
Street Address 85 LOWELL AVE		
City/Town PROVIDENCE	State RI	Zip Code 02909
5. The limited liability company has the purpose of engaging in until dissolved or terminated in accordance with RIGL <u>7-16</u> , un Section 6 of these Articles of Organization.		



6. Additional provisions, if any, no	ot inconsistent wi	th lay	w, which the me	mber(s) elect to hav	e set forth in these Articles			
of Organization, including, but no company is formed, and any other	er provision which	h ma	y be included in	an operating agree	r which the limited liability ment:			
				Check this b	ox to indicate attachment.			
7. The Limited Liability Company is to be managed by:								
You MUST check one box:	hecked this box,	skip	to Section 8. D	o not fill out the cha	rt 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							
JORGE L REYES	85 LOWELL AVE PROVIDENCE RI 02909							
KERMANN VEILLARD	22 EDITH ST APT12 COVENTRY RI 02816							
FAUSTO A REYES	85 LOWELL AVE PROVIDENCE RI 02909							
				<u> </u>				
8. Date when these Articles of Or	ganization will be	effe	ctive: CHECK C	NLY 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								
Name of Authorized Person			Address					
JORGE L REYES			85 LOWELL AVE					
City/Town s			e	Zip Code				
PROVIDENCE		RI		02909				
Signature of Authorized Persen / Date								
bange When					05/16/2016			

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.



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

