

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 7-16, the following Articles of Organization are adopted for the limited liability company

to be organized hereby:		
The name of the limited liability company is:		
KAS FREIGHT & TRANSPORTATION LLC		
2. The name and address of the initial resident agent/office in	Rhode Island is:	
Name JORGE L REYES		
Street Address (NOT 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 the limited liability company is intended to be treated for purp	written operating agreement made oses 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 membe	r	
4. The address of the principal office of the limited liability cor	npany 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 i until dissolved or terminated in accordance with RIGL <u>7-16</u> , unusual Section 6 of these Articles of Organization.	n any lawful business, and shall ha nless a more limited purpose or du	ave perpetual existence iration is set forth in

FILED

MAY 16 2016

By C 10131154

A. A. 10:31 A M

Form No. 400 Revised: 2016

6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other	ot limited to, any li	imitation	of the purpo	se(s) or duration for	r which the limited liability	
				Check this b	ox to indicate attachment.	
7. The Limited Liability Company	is to be managed	d by:				
You MUST check one box: Its member(s) (If you have o	checked this box,	skip to S	ection 8. Do	not fill out the cha	rt below.)	
One (1) or more manager(s) of Organization, state the na	(If the limited lial me and address (bility com of each n	npany has m nanager belo	anager(s) at the tim	ne of the filing of these Articles	
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					
8. Date when these Articles of On	ganization will be	effective	: CHECK O	NLY ONE BOX		
✓ Date received (Upon filing)						
Later effective date (Date mu	ist be no more tha	an 30 da	ys from the	day of filing)		
Under penalty of perjury, I declare accompanying attachments, and						
Name of Authorized Person		Add	Address			
JORGE L REYES		85	LOWELL A	VE		
City/Town St		State		Zip Code	o Code	
PROVIDENCE		RI		02909		
Signature of Authorized Person	1				Date	
freeze Wh	/				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.