

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



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 Orga to be organized hereby:	nization are adopted for the	limited liability company				
The name of the limited liability company is:						
DEL ROSARIO INVESTMENT LLC						
2. The name and address of the initial resident agent/office in Rhode	Island is:					
Name BENITO DEL ROSARIO						
Street Address (NOT a P.O. Box) 225 NORWOOD AVE						
City/Town CRANSTON	State RHODE ISLAND	Zip Code 02905				
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 ☐ disre						
4. The address of the principal office of the limited liability company if it is determined at the time of organization:						
Street Address 225 NORWOOD AVE		_				
City/Town CRANSTON	State Ri	Zip Code 02905				
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL 7-16, unless a Section 6 of these Articles of Organization.	awful business, and shall ha more limited purpose or du	ave perpetual existence ration is set forth in				

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BY AL 275790

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:							
Check 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,	skip to	o Section 8. Do	not fill out the char	t 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						
				<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)							
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Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.							
Name of Authorized Person Address							
BENITO DEL ROSARIO			225 NORWOOD AVE				
City/Town		State	·	Zip Code			
CRANSTON		RI		02905			
Signature of Authorized Person					Date		
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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

