

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF ST. CORPORATIONS D

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:

The name of the limited liability company is:				
Rose Cleaning LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Name TEOFILO C JIMENEZ				
Street Address (NOT a P.O. Box) 65 CORINTH ST.				
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02907		
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):				
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 48 Corinth St.				
City/Town	State	Zip Code		
Providence	KI	70960		
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.				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILE 11:25

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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.		
7. The Limited Liability Company	is to be managed by:	Check this b	oox to indicate attachment.	
You MUST check one box:	- Is to be managed by.	<u> </u>		
	hecked this box, skip to	Section 8. Do not fill out the cha	rt below.)	
One (1) or more manager(s) of Organization, state the nar	(If the limited liability come and address of each	ompany has manager(s) at the time manager below.)	ne of the filing of these Articles	
MANAGER	ADDRESS			
-				
•				
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 t			zation, including any	
lame of Authorized Person Address				
TEOFILO C JIMENEZ	65 CORINTH ST.			
City/Town		State	Zip Code	
PROVIDENCE		RI	02907	
Signature of Authorized Person		-	Date	
SK 	1	San	06/20/2016	

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

