

## **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

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the limited liability company to be organized hereby:					
1. The name of the limited liability company is:					
Simon Consulting Services, LLC					
2. The name and address of the initial resident agent/office in Rhode	Island is:				
Name Anthony Simon					
Street Address ( <u>NOT</u> a P.O. Box) <b>126 Cathedral Avenue</b>					
City/Town Providence	State RHODE ISLAND	Zip Code 02908			
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 <b>or</b>		<del></del>			
a corporation <b>or</b>					
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 126 Cathedral Avenue					
City/Town Providence	State RI	Zip Code 02908			
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.					

AUG 1 0 2016 8:56

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov By-AC 280948

<ol> <li>Additional provisions, if any, not of Organization, including, but not company is formed, and any other</li> </ol>	limited to, any limitatio	n of the purpose(s)	or duration for which the limi		
			Check this box to indicate	attachment.	
7. The Limited Liability Company is	s to be managed by:			=	
You MUST check one box:  Its member(s) (if you have ch	ecked this box, skip to	Section 8. Do not	fill out the chart below.)		
One (1) or more manager(s) of Organization, state the name			er(s) at the time of the filing o	of these Articles	
MANAGER	ADDRESS				
8. Date when these Articles of Org	anization will be effecti	ve: 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 the				ng any	
Name of Authorized Person Adda		ddress			
Anthony Simon 126		6 Cathedral Avenue			
City/Town		State	Zip Code		
Providence /		RI	02908		
Signature of Authorized Person			Date		
My Sign.	DOCUMENT HERI	yees Pana Industria	August 10, 2	016	

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

