

## **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:

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the limited liability company to be organized hereby.	· · · · · · · · · · · · · · · · · · ·					
The name of the limited liability company is:						
NEGR ENTERPRISES LLC.						
2. The name and address of the initial resident agent/office <sub>t</sub> in Rhode Island is:						
Name MUHANIMAD HABID NORZAD MU	HAMMAD HABI	O NOORZAD				
Street Address ( <u>NOT</u> a P.O. Box)						
136 BROAD STREET						
City/Town	State	Zip Code				
PAWTUCKET	RHODE ISLAND	02860				
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>	***					
a corporation or						
disregarded as an entity separate from its member						
4. The address of the principal office of the limited liability company it	f it is determined at the time	of organization:				
Street Address						
SAME AS ABOVE						
City/Town	State	Zip Code				
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

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6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other	ot limited to, any limitation	of the purpose(s) or duration	for which the limited fiability	
	•			
			_[	
7. The Limited Liability Company	v is to be managed by:	Check this	s box to indicate attachment.	
You MUST check one box:	no to be managed by.			
	checked this box, skip to S	ection 8. Do not fill out the ch	nart below.)	
One (1) or more manager(s of Organization, state the na	) ( <b>If</b> the limited liability con ime and address of each r	npany has manager(s) at the t nanager below.)	time of the filing of these Articles	
MANAGER	ADDRESS			
MUHANWAD NOCRZAD	1015 FAIRE	ELO AVE APT	B6 BRIDGEROKT CT	- - 060
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		· · · · · · · · · · · · · · · · · · ·		
8. Date when these Articles of O	ganization will be effective	E CHECK ONLY ONE BOX		
Date received (Upon filing)				
Later effective date (Date m	ust be no more than 30 da	vs from the day of filing)		
Under penalty of perjury, I declar			unization including any	
accompanying attachments, and	that all statements contain	ned herein are true and correc		
Name of Authorized Person	Add	ress		
MUHAMMUD N	0022A0	015 FAIRFIEL	D AVE APT 6	36
City/Town	•	State	Zip Code	, •
BRIDGEPORT	·	CT	06605	
Signature of Authorized Person			Date	
SIGN	BOCUMENT HERE			
	<del></del>		08/10/16	

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

