

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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:

11 - 2 - 2 AM ID: 23

The name of the limited liability company is:				
Sergno's Bervices LRC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Sersio Monterroso				
Street Address (NOT a P.O. Box) 44 Rankin Auenue				
City/Town Proviolence	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 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 44 Rankin Decener				
City/Town –	State	Zip Code		
Pugiciolence	F4	02508		
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 SEP 02 2016 BY On 282708 10:25

Additional provisions, if any, no of Organization, including, but no company is formed, and any other	t limited to, any limitation o	of the purpose(s) or duration for	which the limited liability	
NIA	•			
10171				
		Check this b	ox 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 Se	ection 8. Do not fill out the char	t below.)	
One (1) or more manager(s) of Organization, state the na	(If the limited liability comme and address of each m	pany has manager(s) at the tim anager below.)	e of the filing of these Articles	
MANAGER	ADDRESS			
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Sigio montenoso 44 Rankin Quenue, Por RE 03908 Azable Prin-Montenoso 44 Rankin Surnue, Por RE02908				
	• "			
8. Date when these Articles of Or	ganization will be effective	: CHECK ONLY ONE BOX		
Date received (Upon filing)				
Later effective date (Date mu	ust be no more than 30 day	ys from the day of filing)		
Under penalty of perjury, I declare accompanying attachments, and	e and affirm that I have exe that all statements contain	amined these Articles of Organi ed herein are true and correct.	zation, including any	
Name of Authorized Person	Addı	ress		
Have fein-	Montemso !	44 Rankin 1	Juene	
City/Town		State	Zip Code	
Prowolence		RE_	02908	
Signature of Authorized Person	2		Date	
SIGN	DOCUMENT HERE)		09/02/16	

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

