

State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

the limited liability company to be organized hereby:	•					
The name of the limited liability company is:						
KETTI PARENTE ARCHITECT, LLC						
2. The name and address of the initial resident agent/office in Rhode	Island is:					
Name TIMOTHY J. MURRAY, CPA, CVA						
Street Address (NOT a P.O. Box) 221 BROADWAY	,	-				
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02903				
Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of	operating agreement made federal income taxation as	or intended to be made, (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	f it is determined at the time	of organization:				
Street Address 48 OLIVER STREET	****					
City/Town NORTH PROVIDENCE	State RI	Zip Code 02904				

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 7-16, unless a more limited purpose or duration is set forth in

SEP 2 6 2016

MAIL TO:

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

City/Town NORTH PROVIDENCE

Section 6 of these Articles of Organization.

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

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:					
OPERATION OF AN ARCHITECTURAL FIRM					
7. The Limited Liebility Company	is to be managed by		Check this b	oox to indicate attachment.	
7. The Limited Liability Company	is to be managed by:				
You MUST check one box: Volume					
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		N		
				· · · · · · · · · · · · · · · · · · ·	
				Marie Landon	
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 and affirm that I have examined these Articles of Organization, including any					
accompanying attachments, and t					
Name of Authorized Person Addres					
KETTI R PARENTE 48 OLIVER STREET					
City/Town			State	Zip Code	
NORTH PROVIDENCE		RI	02904		
Signature of Authorized Person	$\overline{}$			Date	
L'elle	Facto			9/21/16	
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FORM 400 Paulandi OF/9040

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

