

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 <u>7-16</u>, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

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1. The name of the limited lightlift, company is:					
1. The name of the limited liability company is:					
BM Dainting Contracting (10					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Name					
Enma Gomalez Street Address (NOT a P.O. Box)					
Street Address (NOT a P.O. Box)					
117 Dower rd					
City/Town /	State	Zip Code			
Dawheket	RHODE ISLAND	02860			
3. Under the terms of these Articles of Organization and any written					
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 if it is determined at the time of organization:					
Street Address					
117 Dower rd City/Town	T =	I =			
	State	Zip Code			
Dawticket	K.I	02860			
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.					

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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 \$ 287030

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6. Additional provisions, if any, no	ot inconsistent with law, what limited to any limited to	nich the member(s) elect to have	ve set forth in these Articles
of Organization, including, but no company is formed, and any other	er provision which may be	or the purpose(s) or duration to included in an operating agree	or which the limited liability
	, , , , , , , , , , , , , , , , , , ,	monator in an operating agree	arione.
		Check this	box 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 S	ection 8. <b>Do not</b> fill out the cha	art below.)
One (1) or more manager(s)	(If the limited liability com	pany has manager(s) at the tin	ne of the filing of these Articles
of Organization, state the na	me and address of each m	nanager below.)	·
MANAGER	ADDRESS		
8. Date when these Articles of Org	ganization will be effective	CHECK ONLY ONE BOX	
Date received (Upon filing)			
Later effective date (Date mu	st be no more than 30 day	us from the day of filing	
Under penalty of perjury, I declare accompanying attachments, and t	i and affirm that I have exa That all statements contain	amined these Articles of Organ ed herein are true and correct	ization, including any
Name of Authorized Person	Addr		
1 1			
FMMa CHONZale	2	117 power rd	
City/Town		State /	Zip Code
Dewficket		K.I	02860
Signature of Authorized Person		·	Date
Euna Come	DOCUMENT HERE		112011
Juna waze	<u> </u>		10/27/16

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

