

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

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

## Articles of Organization 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:

| 1. The name of the limited liability  | company is:             |  |  | Art.  |  |
|---|-------------------------|--|--|-------|--|
| Elite Tools & Equipment LLC   |                         |  |  |       |  |
| 2. The name and address of the I  | imited liability compa  | ny's resident agent in Rhode Isla                                      | nd is:   | -     |  |
| Name  |                         |  |  | _     |  |
| Brian Vanner  |                         |  |  |       |  |
| Street Address (NOT a P.O. Box)   |                         |  |  | _     |  |
| 31 damon ave  |                         |  |  |       |  |
| City/Town   | State                   | RHODE ISLAND   | Zip Code   |       |  |
| warwick   |                         | RHODE ISLAND   | 02889  |       |  |
| 3. Under the terms of these Article the limited liability company is into a partnership or a corporation or disregarded as an entity.  4. The address of the principal off Street Address | ended to be treated for | or purposes of federal income tax                                      | tation as (check ONE box):   |       |  |
| 31 damon ave  |                         |  |  |       |  |
| City/Town   | State                   |  | Zip Code   |       |  |
| warwick Rhode Isla  |                         |  | 02889  | 02889 |  |
| 5. The limited liability company ha<br>until dissolved or terminated in ac<br>Section 6 of these Articles of Orga   | cordance with RIGL      | aging in any lawful business, and<br>7-16, unless a more limited purpo | I shall have perpetual existence<br>se or duration is set forth in | 7     |  |

**FILED** 

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By 13166702

Form No. 400 Revised: 2015

| 6. Additional provisions, if any, no of Organization, including, but no | t inconsistent wit                    | h law, wi           | nich the me                           | mber(s) elec                   | t to have set fo                        | rth in these Art | icles    |
|---|---------------------------------------|---------------------|---------------------------------------|--------------------------------|---|------------------|----------|
| company is formed, and any other  | r provision which                     | may be              | included in                           | an operatino                   | ation for which<br>agreement            | tre ilmited ilab | inty .   |
|   |                                       |                     | •                                     |                                |   |                  |          |
|   |                                       |                     |                                       |                                |   |                  |          |
|   |                                       |                     |                                       |                                |   |                  |          |
|   |                                       |                     |                                       | 01                             |   |                  | . —      |
| 7. The Limited Liability Company  | is to be managed                      | l by:               | 2 s 7                                 | Chec                           | k this box to inc                       | dicate attachm   | ent      |
| You MUST check one box:   |                                       | 2 - 8 - 18          |                                       |                                | (A) |                  | <u> </u> |
| Its member(s) (If you have cl   | necked this box,                      | skip to S           | ection 8. <b>D</b>                    | o not fill out                 | the chart below                         | .)               |          |
| One (1) or more manager(s)  | (If the limited lial                  | oility com          | pany has r                            | nanager(s) a                   | t the time of the                       | filing of these  | Articles |
| of Organization, state the nar  | BUSINESS ADI                          | <del></del>         | nanager be                            | low.)                          |   |                  | Tagina   |
|   |                                       | 311LUU              | * * * * * * * * * * * * * * * * * * * |                                |   |                  | 18       |
|   |                                       |                     |                                       |                                |   |                  |          |
|   |                                       |                     |                                       |                                |   |                  |          |
|   |                                       |                     |                                       |                                |   |                  |          |
|   |                                       |                     |                                       |                                |   |                  |          |
|   |                                       |                     |                                       |                                |   |                  |          |
| 8. Date when these Articles of Org                                      | anization will be                     | effective           | : CHECK (                             | NLY ONE B                      | OX TOTAL                                |                  |          |
| ☑ Date received (Upon filing)   |                                       | 3: 1, R-1 3 1       |                                       |                                |   |                  |          |
|   |                                       |                     |                                       |                                |   |                  |          |
| Later effective date (Date mu   |                                       |                     |                                       | , 0,                           |   | d :              |          |
| Under penalty of perjury, I declare panying attachments, and that all   | and affirm that i<br>statements conta | nave ex<br>ined her | amined the<br>ein are true            | se Articles of<br>and correct. | Organization, i                         |                  | iccom-   |
| Name of Authorized Person   |                                       |                     | Address                               |                                |   |                  |          |
| Brian Vanner  |                                       | 31 d                | lamon ave                             |                                |   |                  |          |
| City/Town   |                                       | State               |                                       | Zip Code                       |   |                  |          |
| warwick   |                                       | RI                  |                                       | 02889                          | <u> </u>                                |                  |          |
| Signature of Authorized Person  |                                       |                     |                                       |                                | Date                                    |                  |          |
| Juan Dun  | h                                     |                     |                                       | ·                              | 12/4/16                                 |                  |          |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.