

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 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:

1. The name of the limited liability compa	· · · · · · · · · · · · · · · · · · ·		
	iny is:		
JT Trucking, LLC			
2. The name and address of the initial res	sident agent/of	fice in Rhode Island is:	
Name	<u> </u>		
Jeffrey Alan Viera			
Street Address (NOT a P.O. Box)			
460 Warley Street			
City/Town	State	RHODE ISLAND	Zip Code
Portsmouth		KUODE ISLAND	02871
the limited liability company is intended to a partnership or a corporation or disregarded as an entity separ	rate from its me	ember	
4. The address of the principal office of th	e limited liabilit	y company if it is determined at	the time of organization:
Street Address			
460 Warley Street			
City/Town Portsmouth	State RI		Zip Code 02871
5. The limited liability company has the puuntil dissolved or terminated in accordance Section 6 of these Articles of Organization	e with RIGL 7-	ging in any lawful business, and 16, unless a more limited purpo	shall have perpetual existence se or duration is set forth in

FILED C
DEC 07 2016
BY 13206064

Form No. 400 Revised: 2016

6. Additional provisions, if any, no	ot inconsistent wi	th la	w, which the me	mber(s) eleci	to have set forth in these Articles	
of Organization, including, but no company is formed, and any other	It limited to, any li	imita h ma	ation of the purpo	ose(s) or dura	ation for which the limited liability	
And the state of t	pro riorer, sie	111,0	iy bo moracou	an operania	agricomonica	
				Checl	k this box to indicate attachment.	
7. The Limited Liability Company	is to be manager	d by				
You MUST check one box: Its member(s) (If you have c	hecked this box,	skip	to Section 8. Do	o not fill out t	he chart below.)	
One (1) or more manager(s) of Organization, state the nar					the time of the filing of these Articles	
MANAGER	ADDRESS					
		—				
			** ***			
						
8. Date when these Articles of Org	ganization will be	effe	ective: CHECK C	NLY ONE B	ox	
✓ Date received (Upon filing)			· · · · · · · · · · · · · · · · · · ·	-innjadpij,	The state of the s	
Later effective date (Date mu	st be no more th	an 3	30 days from the	day of filing)		
Under penalty of perjury, I declare accompanying attachments, and t						
Name of Authorized Person			Address			
Jeffrey A. Viera			460 Warley Street			
City/Town Sta		Stat	te	Zip Code		
Portsmouth RI		RI		02871		
Signature of Authorized Person	DOCUMENT I	HE	RE		Date 12/5/16	

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.

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

