

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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the limited liability company to be organized hereby:					
1. The name of the limited liability company is:					
North Main Truck & Auto Sales, LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Name Paul Simoes					
Street Address (NOT a P.O. Box) 21 Barberry Hill RD					
City/Town Cumberland	State RHODE ISLAND	Zip Code 02864			
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 565 North Main Street					
City/Town Woonsocket	State RI	Zip Code 02895			
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 FILED

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Additional provisions, if any, of Organization, including, but r company is formed, and any otl	not limited to, any limita	tion of the p	ourpose(s) or duration fo	r which the limited liability
			Check this	box to indicate attachment.
7. The Limited Liability Compan	y is to be managed by:			
You MUST check one box: Its member(s) (If you have	checked this box, skip	to Section	8. Do not fill out the cha	rt below.)
One (1) or more manager(of Organization, state the n				ne of the filing of these Articles
MANAGER	ADDRESS	•		
8. Date when these Articles of C	rganization will be effe	ctive: CHE	CK ONLY ONE BOX	
☐ Date received (Upon filing)				
		O -1 6	1/1/17	•
Later effective date (Date n				
Under penalty of perjury, I decla accompanying attachments, and				
Name of Authorized Person Address				
Paul Simoes	moes 21 Barberry Hill RD			
City/Town		State		Zip Code
Cumberland		RI		02864
Signature of Authorized Person		0		Date
	TO DEUTIE/THE			12/21/16
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