



## **Articles of Organization**

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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the limited liability company to be organized hereby:	anization are adopted for			
The name of the limited liability company is:				
R.P.M. Fire Protection LLC.				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Name Richard Paul McKee Jr.  Street Address (NOT a P.O. Box)				
12 Deater Rock RD.				
City/Town	State	Zip Code		
lincoln	RHODE ISLAND	02865		
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 <b>or</b>				
a corporation <b>or</b>				
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  12 Dexter Rock Rd  City/Town  State  Zip Code				
City/Town	State	Zip Code		
lincoln	R.I.	02865		
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

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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:				
			s box to indicate attachment.	
7. The Limited Liability Company	is to be managed by	r.		
You MUST check one box:  XI Its member(s) (If you have o	checked this box, skip	to Section 8. Do not fill out the c	nart below.)	
		y company has manager(s) at the	•	
of Organization, state the na	me and address of ea	ach manager below.)	<b>g</b> 2	
MANAGER	ADDRESS			
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	that all statements co	ntained herein are true and correc	it.	
Name of Authorized Person		Address		
Richard Paul M.	ckee Jr.	12 Dexter Rock	Rd	
City/Town		State	Zip Code	
lincoln		R,I,	02865	
Signature of Authorized Person			Date	
// SI	GN DOCUMENT	HERE	1127117	

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

