

## 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 | FEB -8 AM 10: 54

## **Articles of Organization DOMESTIC Limited Liability Company**

Filing Fee: \$150.00

Pursuant to the provisions of F to be organized hereby:	RIGL $7-16$ , the following A	articles of Organization are adop	ted for the limited liability company
The name of the limited lia	bility company is:		
ROSE AUSSA	Cleaning S	ervices LC	
2 The name and address of	the initial resident agent/	office in Rhose Island tsa	
Name ROSE C POLDOR			
Street Address (NOT a P.O. E	Зох)		
City/Town PROVIDENCE	State	RHODE ISLAND	Zip Code <b>02908</b>
	n entity separate from its	member	
	al office of the limited liab	ility company if it is determined	
Street Address 57 CHAUCER ST			
City/Town PROVIDENCE	State RHODE	SLAND	Zip Code <b>02908</b>
The limited liability comparated its solved or terminated Section 6 of these Articles of	in accordance with RIGL	gaging in any lawly bearings. 7-16, unless a mere limited in	

Form No. 400 Revised: 2016

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:				
			<b></b>	
		Check this b	oox to indicate attachment.	
7. The Limited Liability Company	is to be managed by:			
You MUST check one box:  Its member(s) (If you have cl	necked this box, skip to Se	ection 8. <b>Do not</b> fill out the char	t below.)	
One (1) or more manager(s) of Organization, state the nar			e of the filing of these Articles	
MANAGER	ADDRESS			
Rose Polder	57 Chau	cer st Provio	dence LI 030	
			-	
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX				
Date received (Upon filing)				
Later effective date (Date mu	st be no more than 30 day	/s from the day of filing)	<u> </u>	
Under penalty of perjury, I declare accompanying attachments, and t			zation, including any	
Name of Authorized Person	Addr	ess		
Rose C. Pold	er 5	7 Chaucar st		
City/Town		State	Zip Code	
Providence		RI	02908	
Signature of Authorized Person			Date	
Rose Tol	OCCUMENT HERE		2-8-17	

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

