

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

Articles of Organization

DOMESTIC Limited Liability Company

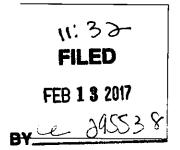
 \rightarrow Filing Fee: \$150.00

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 company is: NYP Handyman 2. The name and address of the initial resident agent/office in Rhode Island is:

Name		
Nereyda Payano		
Street Address (NOT a P.O. Box)		
31 Church St 23		
City/Town	State	Zip Code
East Providence	RHODE ISLAND	02914
Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of	pperating agreement made federal income taxation as	or intended to be made, (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		
31 Church St=23		
City/Town L IA	State	Zip Code
East Providence	R4	02914

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, i	f any, not inconsistent with	law, which the member(s)	elect to have set forth in these Article	es
of Organization, including	i, but not limited to, any lim any other provision which r	nitation of the purpose(s) o	r duration for which the limited lightlity	/
		indy be included in an ope	rating agreement.	
7. The Limited Liability Co	mpany is to be managed I		Check this box to indicate attachmen	it.
You MUST check one box			ŷ	. <u></u>
	have checked this box, sk	kip to Section 8. Do not fill	out the chart below)	
			(s) at the time of the filing of these Art	· · · ·
of Organization, state	the name and address of	each manager below.)	(s) at the time of the filing of these An	ticles
MANAGER	ADDRESS			
		· · · · · · · · · · · · · · · · · · ·		
				_
8. Date when these Article	s of Organization will be et			
Date received (Upon t	filing)			
Later effective date (D	ate must be no more than	30 days from the day of fi	ling)	
Under penalty of perjury, I	declare and affirm that I ha	ave examined these Article	es of Organization, including any	
accompanying attachment	s, and that all statements o	contained herein are true a	and correct.	
Name of Authorized Person	٨	Address	- 1 44	
Neve yda	l'ay ano	31 Chu	rch St #23	
City/Town		State	Zip Code	
East Proc	sidence	RI	02914	
Signature of Authorized Perso	۹		Date / /	
Noryda /	SAN DOCUMENT HI	anna (Sana). Anna Sana Anna (Sana).	2/7/17	
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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.



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

