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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

R.I. DEPT OF STATE BUS SVCS DIV

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

The name of the limited liability company is:			
ACR Con	Sulting	hhe	
The name and address of the initial resident agent/office in Rhode Island is:			
Name Lex Casiano Rivera			
Street Address (NOT a P.O. Box) 76 Sunter St 3rd FLoor			
City/Town Providence	State RHODE ISLAND	Zip Code 02907	
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 76 Sunter St 3m	d FLOOR		
	State RT	Zip Code 02907	
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 MAR 07 2017

BY CM 297706

4:04

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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:		
	Check thi	s box to indicate attachment.
7. The Limited Liability Company	is to be managed by:	
You MUST check one box: Its member(s) (If you have of	checked this box, skip to Section 8. Do not fill out the ch	hart below.)
	s) (If the limited liability company has manager(s) at the tame and address of each manager below.)	time of the filing of these Articles
MANAGER	ADDRESS	
8. Date when these Articles of Or	rganization will be effective: CHECK ONLY ONE BOX	
Date received (Upon filing)		
Later effective date (Date m	ust be no more than 30 days from the day of filing)	
	e and affirm that I have examined these Articles of Orga that all statements contained herein are true and correc	
Name of Authorized Person	Address	
Alex Cas	siano 76 Sunter	St 3rd Floor
City/Town	State	Zip Code
Providence	RI	02907
Signature of Authorized Person	ACCUMENT HERE	Date 3/7/17

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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:

March 07, 2017 04:04 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

