RI SOS Filing Number: 201742979630 Date: 5/8/2017 10:51:00 AM



State of Rhode Island and Providence Plantations Department of State - Business Services Division 148 W. Birer Street Providence Planta Leave 1 100001

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Articles of Organization Limited Liability Company

Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16,	the following Articles of Organization are adopted for the limited liability compa	anv
to be organized hereby:	o and the state of	ану

to be organized hereby:		·		,,
1. The name of the limited liability compa	any is:			**
Seaside Landscaping LLC				
2. The name and address of the limited li	iability compa	any's resident agent in Rhode Islan	d is:	
Name				
Zachary Ribas				
Street Address (NOT a P.O. Box)	*****			
30 Schooner Drive				
City/Town	State	PLIODE IOLAND	Zip Code	
Wakefield		RHODE ISLAND	02879	20
a partnership or a corporation or disregarded as an entity separation. The address of the principal office of the	-8 AM 10: 5	SALS STATE		
Street Address	e miniou hais	inty company in it is determined at the	ne time of organizatio	n:
30 Schooner Drive				
City/Town	State		Zip Code	
Wakefield	Rhode Island 02879			
5. The limited liability company has the pu until dissolved or terminated in accordanc Section 6 of these Articles of Organization	e with RIGL 7	aging in any lawful business, and s 7-16, unless a more limited purpose	hall have perpetual e	xistence th in

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Form No. 400 Revised: 2015

6. Additional provisions, if any, of Organization, including, but company is formed, and any o	not limited to, any l	limita	ation of the purpo	ose(s) or dura	at to have set forth in these Articles ration for which the limited liability g agreement:
				Chec	ck this box to indicate attachment
7. The Limited Liability Compa	ny is to be manage	d by	<i>!</i> :		+ F-77.
You MUST check one box: Its member(s) (If you have	e checked this box.	skir	n to Section 8. De	o not fill out '	the chart helow)
					·
One (1) or more manager of Organization, state the r	(s) (If the limited lia- name and address	bility of e	/ company has mach manager bel	nanager(s) at low.)	t the time of the filing of these Articles
MANAGER	BUSINESS AD		 		
	+				

				<u></u>	
8. Date when these Articles of (Organization will be	: effe	ective: CHECK O	NLY ONE B	OX
✓ Date received (Upon filing))				
Later effective date (Date r	must be no more th	an :	30 davs from the	dav of filing)	•
				<u> </u>	Organization, including any accom-
panying attachments, and that a	all statements conti	aine	d herein are true	and correct.	Organization, induding any docom-
Name of Authorized Person	Name of Authorized Person		Address		
Zachary Ribas			30 Schooner Drive		
City/Town		Stat	1	Zip Code	
Wakefield		RI		02879	
Signature of Authorized Person yachany	0.0.				Date
zachany	rwas			,	May January 21, 2017

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.

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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:

May 08, 2017 10:51 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

