RI SOS Filing Number: 201743538160 Date: 5/25/2017 9:05:00 PM

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

Articles of OrganizationDOMESTIC 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 company to be organized hereby:

the infined liability company to be organized fieleby.						
1. The name of the limited liability company is:						
Mountaintop Investments, LLC						
2. The name and address of the initial resident agent/office in Rhode	Island is:					
Name Kelvin Almonte						
Street Address (NOT a P.O. Box) 115 Sumter St						
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 115 Sumter St						
City/Town Providence	State RI	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

FILED MAY 25 2017

	ot limited to, any limita er provision which may vis to be managed by: checked this box, skip (If the limited liability	tion of the purpo y be included in to Section 8. Do company has n	Check this be not fill out the chain	which the limited liability ment:	
of Organization, state the na	· · · · · · · · · · · · · · · · · · ·	ich manager bel	ow.)		
MANAGER	ADDRESS	ADDRESS			
Kelvin Almonte	115 Sumter St. Providence, RI 02907				
			• • • • • • • • • • • • • • • • • • • •		
8. Date when these Articles of Or	rganization will be effe	ctive: CHECK C	NLY ONE BOX		
☑ Date received (Upon filing)				,	
Later effective date (Date mi	ust be no more than 3	0 days from the	day of filing)		
Under penalty of perjury, I declar accompanying attachments, and				zation, including any	
Name of Authorized Person	Address				
Kelvin Almonte	115 Sumter St				
City/Town		State		Zip Code	
Providence	RI		02907		
Signature of Authorized Person		<u> </u>		Date	
ZÉ	IGN DOGUMENT	HERE		5-25-17	

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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:

May 25, 2017 09:05 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

