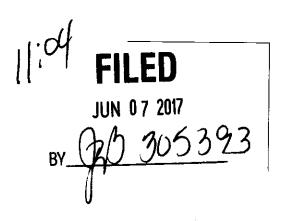
State of Rhode Island and Providence Plantations Department of State - Business Services Divis	ion	2817						
Articles of Organization DOMESTIC Limited Liability Company		- 1917 - 198 4						
→ Filing Fee: \$150.00		2	ан на селото на селот Селото на селото на с					
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgative limited liability company to be organized hereby:	anization are adopted for							
1. The name of the limited liability company is:		<u>,</u>						
TEIXEIRA BUILDING & RENOVATIONS, LLC								
2. The name and address of the initial resident agent/office in Rhode Island is:								
Name Christopher J. Teixeira	<u> </u>							
Street Address (<u>NOT</u> a P.O. Box) 18 Vermont Avenue		<u>_</u>						
City/Town East Providence	State RHODE ISLAND	Zip Code 02916						
3. Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of	operating agreement made federal income taxation as	or intended to be n (check ONE box):	nade,					
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 i	f it is determined at the time	of organization:						
Street Address 18 Vermont Avenue								
City/Town East Providence	State Rhode Island	Zip Code 02916						
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.	wful business, and shall ha more limited purpose or du	ive perpetual existe ration is set forth in	ence					

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 400 - Revised: 09/2016

of Organization, state the name and address of each manager below.) MANAGER ADDRESS MANAGER ADDRESS State State Zip Code State	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:						
7. The Limited Liability Company is to be managed by: You MUST check one box:							
7. The Limited Liability Company is to be managed by: You MUST check one box:							
7. The Limited Liability Company is to be managed by: You MUST check one box:							
You MUST check one box: Its member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.)	7. The Limited Liphility Company	is to be managed by:		Ch	eck this box to indicate attachment.		
Its member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.) One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.) MANAGER ADDRESS MANAGER ADDRESS 8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX Image: Date received (Upon filing) Image: Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address City/Town State Zip Code Rhode Island O2916 Signature of Authorized Person Date		is to be managed by.	-	<u></u>			
of Organization, state the name and address of each manager below.) MANAGER ADDRESS MANAGER ADDRESS ADDRESS Image: Comparization of the second of		hecked this box, skip	to Se	ection 8. Do not fill ou	t the chart below.)		
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX Image: Date received (Upon filing) Image: Date received (Upon filing) </td <td colspan="7">One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)</td>	One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)						
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City/Town State Zip Code East Providence Rhode Island 02916 Signature of Authorized Person Date			Addre	ddress			
East Providence Rhode Island 02916 Signature of Authorized Person Date	Christopher J. Teixeira 18 V		8 Vermont Avenue				
Signature of Authorized Person Date	City/Town			State	Zip Code		
	East Providence			Rhode Island	02916		
June 7, 2017	Signature of Authorized Person		Date				
	June 7, 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.



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:

June 07, 2017 11:04 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

