

1674979



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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 JUN 23 PM 12:04

Articles of Organization

DOMESTIC 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:

1. The name of the limited liability company is:		
J.A.L. INSULATION L.L.C		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Name JEFFREY MOISE		
Street Address (NOT a P.O. Box) 14 BRADLEY ST		
City/Town WOONSOCKET	State RHODE ISLAND	Zip Code 02895
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 ☐ 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 450 VETERANS MEMORIAL PKWY STE 301A		
City/Town EAST PROVIDENCE	State RI	Zip Code 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 7-16, 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

JUN 23 2017 12:04

BY PA 3020719

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 this box to indicate attachment. ☐

7. The Limited Liability Company is to be managed by:

You **MUST** check one box:

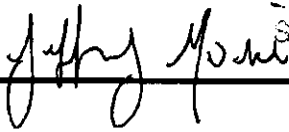
- ☒ Its member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.)
- ☐ One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)

MANAGER	ADDRESS

8. Date when these Articles of Organization will be effective: **CHECK ONLY ONE BOX**

- ☒ Date received (Upon filing)
- ☐ 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	
JEFFREY MOISE		14 BRADLEY ST	
City/Town	State	Zip Code	
WOONSOCKET	RI	02845	
Signature of Authorized Person		Date	
 SIGN DOCUMENT HERE		6/23/17	