

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2017 JUN 27 PM 1:1

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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

The name of the limited liability company is:				
MOKA Ride. LLC.				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Name Nevin Mussenden Street Address (NOT a P.O. Box) 1760 Czandali Zd.				
Street Address (<u>NOT</u> a P.O. Box)				
1760 CRANDALL Rd.				
City/Town	State	Zip Code		
Tiverton	RHODE ISLAND	12878		
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				
1760 CRANCOLL Rd				
City/Town	State	Zip Code		
Tiverton	Rhode Islan	1 02878		
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 1:47

FILED

JUN 27 2017

FORM 400 - Revised: 05/2016

of Organization, including		nitation of the purpose(s)	elect to have set forth in these Articles for duration for which the limited liability erating agreement:
			Check this box to indicate attachment.
7. The Limited Liability Co	ompany is to be managed	by:	5
You MUST check one bo	x: u have checked this box, s	kip to Section 8. Do not f	ill out the chart below.)
	nager(s) (If the limited liab e the name and address of		er(s) at the time of the filing of these Articles
MANAGER	ADDRESS		
3. 4		·	-
·			
			
8. Date when these Article	es of Organization will be	effective: CHECK ONLY C	ONE BOX
Date received (Upon	filing)		
Later effective date (Date must be no more tha	n 30 days from the day of	filing)
	l declare and affirm that I l its, and that all statements		cles of Organization, including any and correct.
Name of Authorized Person		Address	
Kevin Mu	ssenden	1760 Cza	ndall Rd.
City/Town		State	Zip Code
Tiveztun		RI	02878
Signature of Authorized Pers	son Zign docum y	I town that the	Date / 0.00/7
/	Com Ma	made	1 6-47-2017