RI SOS Filing Number: 201748017110 Date: 7/27/2017 2:05:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

2017	, <del>2</del> 2
<b>JIIL</b> :	
27 1	
PH 2	DIA DIA
: 05	TE

Pursuant to the provisions of RIGL <u>7-16,</u> the following Articles of Organthe limited liability company to be organized hereby:	nization are adopted for					
The name of the limited liability company is:			_			
K9 to 5 DOGGY DAYCARE LLC						
2. The name and address of the initial resident agent/office in Rhode	Island is:		_			
Name KUI LOPES						
Street Address (NOT a P.O. Box)  K9 5	Doppy C	bycare cl	-(			
city/Town - 161 RIdge Street	State RHODE ISLAND	Zíp Code 02 90 9				
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 <b>or</b>						
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 161 KIDGE ST						
City/Town / PROU ,	State RI'	Zip Code 02909				
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 resection 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 JUL 27 2017 2:05 BY 17780484

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 b	oox to indicate attachment.	
7. The Limited Liability Company	is to be managed by:				
You MUST check one box:  Its member(s) (If you have c	·			•	
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 Org	ganization will be effect	tive: CHECK ONL	Y ONE BOX		
Date received (Upon filing)					
Later effective date (Date mu			<u> </u>		
Under penalty of perjury, I declare accompanying attachments, and	that all statements cont	tained herein are	•	zation, including any	
Name of Authorized Person	lame of Authorized Person Address				
RUI LOPES	RUI LOPES 47 PONO ST				
City/Town		State		Zip Code	
SEEKONK		MA		02771	
Signature of Authorized Person  SIGN DOCUMENT HERE				Date 7/27/17	

RI SOS Filing Number: 201748017110 Date: 7/27/2017 2:05:00 PM



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:

July 27, 2017 02:05 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

