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

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

## **Articles of Organization Limited Liability Company**

Filing Fee: \$150.00

to be organized hereby:	rucies of Organization are adopted for the limited liability company
The name of the limited liability company is:	
Providence Friedry 1 1 C	

Providence Energy L							
2. The name and address of the limited lia	ability compa	ny's resident agent in Rhode Islar	nd is:				
Name	-						
Paul Raducha							
Street Address (NOT a P.O. Box)							
636 Wood Street							
City/Town	State	RHODE ISLAND Zip Code					
Bristol	RHODE ISLAND		02809				
3. Under the terms of these Articles of On							
the limited liability company is intended to be treated for purposes of federal income taxation as (check ONE box):							
a 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							
636 Wood Street	•						
City/Town	State		Zip Code				
Bristol	RI		02809				
E The limited liability assessment to the			a ball barran a sanah a barran				
<ol><li>The limited liability company has the pu until dissolved or terminated in accordance</li></ol>							

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Form No. 400 Revised: 2015

Section 6 of these Articles of Organization.

C Additional and data and		.:AL 1-				
of Organization, including	, it any, not inconsistent ving, but not limited to, any damy other provision whi	limita	tion of the purpo	se(s) or dura	to have set forth in these Articles tion for which the limited liability agreement:	
			•			
				Check	this box to indicate attachment	
7. The Limited Liability	Company is to be manag	ed by:	<u></u>			
You MUST check one b						
Its member(s) (If y	ou have checked this box	t, skip	to Section 8. Do	not fill out t	he chart below.)	
					the time of the filing of these Article	
******	ate the name and addres			DW.)		
MANAGER	BUSINESS A	DDRE	SS			
	<del></del>					
<del></del>					· · · · · · · · · · · · · · · · · · ·	
			· .			
8. Date when these Arti	icles of Organization will I	oe effe	ctive: CHECK C	NLY ONE B	ox	
Date received (Up	on filing)			-	<del></del>	
10/30/2017						
	y, I declare and affirm tha and that all statements co				Organization, including any accom-	
Name of Authorized Person		icanio	Address	and consci.	<del></del>	
Paul Raducha			636 Wood Street			
<del></del>			te	Zip Code	<del></del>	
Bristol		RI		02809		
Signature of Authorized Po	erson	l			Date	
					10/1 <i>/</i> 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.

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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:

October 13, 2017 02:37 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

