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

Articles of Organization

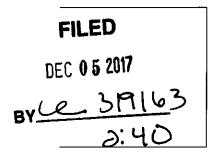
DOMESTIC Limited Liability Company

 \rightarrow 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:

1. The name of the limited liability company is:				
ACMI RostoRation & Environmental LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Name				
JAMIS Rees				
Street Address (<u>NOT</u> a P.O. Box)				
130 EARLE DRIVE				
City/Town	State	Zip Code		
North Kingstown	RHODE ISLAND	02852		
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				
130 ÉARLE DRIVE				
City/Town	State	Zip Code		
North Kingstown	RI	04453		
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



FORM 400 - Revised: 05/2016

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	y 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	t fill out the chart below.)	
One (1) or more manager(s of Organization, state the na			ger(s) at the time of the filing of these Articl	
MANAGER	ADDRESS			
	+			
		····· • •		
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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)				
			rticles of Organization, including any	
accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address				
JANIE Rees	Rees 130 EARLE DRIVE			
City/Town		State	Zip Code	
North Kingstown)	RI	02852	
Signature of Authorized Person)	Date	
6 Jami	e 11 Ale	J?	10/5/2017	
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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:

December 05, 2017 02:40 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

