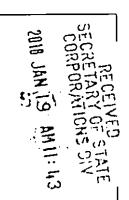


State of Rhode Island and Providence Plantations Department of State - Business Services Division

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 DOMESTIC Limited Liability Company

Filing Fee: \$150.00

The name of the limited lia	bility company is:		
RIConn Cleaning Servic	es, LLC		
2. The name and address of	the initial resident agent	/office in Rhode Island is:	
Name DANIEL K. ASIEDU			
Street Address (<u>NOT</u> a P.O. E 18 MORGAN COURT	Box)		
	10		Zip Code
City/Town LINCOLN	State	RHODE ISLAND	02865
3. Under the terms of these A	articles of Organization a	RHODE ISLAND and any written operating agreemer for purposes of federal income tax	02865 nt made or intended to be mad
3. Under the terms of these A the limited liability company in a partnership or a corporation or	articles of Organization a	and any written operating agreemer for purposes of federal income tax	02865 nt made or intended to be mad
3. Under the terms of these A the limited liability company in a partnership or a corporation or disregarded as an	articles of Organization as intended to be treated to be	and any written operating agreemer for purposes of federal income tax	02865 nt made or intended to be mad ation as (check ONE box):
3. Under the terms of these A the limited liability company in a partnership or a corporation or disregarded as an	articles of Organization as intended to be treated to be	and any written operating agreemer for purposes of federal income tax member	02865 nt made or intended to be mad ation as (check ONE box):

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Form No. 400 Revised: 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 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						
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				-			
							
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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)							
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						
DANIEL K. ASIEDU	18 MORGA	18 MORGAN COURT					
City/Town S		State	Zip Code				
LINCOLN		RI	02865)2865			
Signature of Authorized Person	MERE.		JANUARY 14, 2018				

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.