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CORPORATIONS DIV

## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

The name of the limited liability company is:		-			
Laires Realty, LLC					
2. The name and address of the initial resident agent/office in Rhoo	le Island is:	· <del></del>			
Agent Name Joseph A. Sciacca, Esq.					
Street Address ( <u>NOT</u> a P.O. Box)  121 Phenix Avenue					
City/Town Cranston	State RHODE ISLAND	Zip Code <b>02920</b>			
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>	partnership or				
a corporation or					
disregarded as an entity separate from its member(s)					
overage and an entity separate norm to member (9)	4. The address of the principal office of the limited liability company, if it is determined at the time of organization:				
	, if it is determined at the time				
	, if it is determined at the time				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED
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A.A. 12:41 pm

	, but not limited to, any lin	nitation of the purpose(s)	elect to have set forth in these Articles or duration for which the limited liability erating agreement:	
			Check this box to indicate attachment	
7. The Limited Liability Co		by:		
You <b>MUST</b> check one box  Its member(s) (If you	::   have checked this box, s	skip to Section 8. <b>Do not</b>	fill out the chart below.)	
One (1) or more man of Organization, state	nager(s) (If the limited liab the name and address o	ility company has manag f each manager below.)	er(s) at the time of the filing of these Articles	
MANAGER	ADDRESS			
	· · · · · · · · · · · · · · · · · · ·	<del></del>		
<del></del>				
8. Date when these Article	es of Organization will be	effective: CHECK ONE B	OX ONLY	
✓ Date received (Upon	filing)			
Later effective date ([	Date must be no more tha	an 30 days from the date	of filing)	
Under penally of penjury, I accompanying attachment	declare and affirm that I its, and that all	have examined these Arti s contained herein are tru	cles of Organization, including any	
		Address		
Joseph A. Sciacca 121 Pho		121 Phenix Avenue	Phenix Avenue	
City/Town		State	Zip Code	
Cranston	0	RI	02920	
Signature of Authorized Person	/		Date	
low	M STEREMOLD	MENT HERE	2-8.18	

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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:

February 08, 2018 12:41 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

