



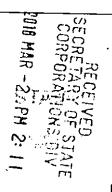
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

The name of the limited liability company is:		
THE BOYS SERVICES LLC	-	
2. The name and address of the initial resident agent/office in Rhode	e Island is:	
Agent Name Yoleid, ROSARIOLOPEZ		
823 ATWELLS AUENUE		
PROVIDENCE,	RHODE ISLAND	Zip Code 0 290 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 or a corporation or		
disregarded as an entity separate from its member(s)		
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:		
Street Address SAME AS ABOVE		
City/Town	State	Zip Code
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL 7-16, unless a r	wful business, and shall ha	ive perpetual existence

MAIL TO:

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

Section 6 of these Articles of Organization.

Phone: (401) 222-3040 Website: www.sos.ri.gov

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6. Additional provisions, if ar	ny, not consistent with law, which the member(s) elect to have set forth in these Articles
company is formed, and any	ut not limited to, any limitation of the purpose(s) or duration for which the limited liability other provision which may be included in an operating agreement:
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7. The Limited Liability Comp	Check this box to indicate attachment
You MUST check one box:	vally is to be managed by:
Its member(s) (If you ha	eve checked this box, skip to Section 8. Do not fill out the chart below.)
One (1) or more manage	er(s) (If the limited liability company has manager(s) at the time of the file of the
of Organization, state the	e name and address of each manager below.)
MANAGER	ADDRESS
8. Date when these Articles of	f Organization will be effective: CHECK ONE BOX ONLY
Date received (Upon filing	
<u> </u>	•
	must be no more than 30 days from the date of filing)
Under penalty of perjury, I dec	clare and affirm that I have examined these Articles of Organization, including any
Name of Authorized Person	and that all statements contained herein are true and correct. Address
Valoid: Por	0.501 $\frac{1}{2}$ $\frac{1}{2$
City/Town	2110 CALL 823 HILLIS HVENE, HOT 2
·	State Zip Code
trovidence	TROOP TSMILL 02909
Signature of Authorized Person	Date
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RI SOS Filing Number: 201859623910 Date: 3/2/2018 2:11:00 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:

March 02, 2018 02:11 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

