RI SOS Filing Number: 201860364530 Date: 3/16/2018 9:44:00 AM



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:				
-CG. Drywall, LLC	·			
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name				
Ce Sar Gutierrez  Street Address (NOT a P.O. Box)	· ,			
Street Address (NOT a P.O. Box)				
69 Burnett St	Υ	1		
City/Town	State RHODE ISLAND	Zip Code 0 290 7		
Providence	<u> </u>			
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:				
City/Town Providen Ce				
City/Town	State	Zip Code		
Providen ce	KI	02907		
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.				
FILED				
MAR 1.6 2018		STAMP		
- 1 Y 376	(65)	S (Alta)		
MAIL TO:	·	- contrar strift		
Division of Business Services		ETE OFF		
148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040		EILED		
Website: www.sos.ri.gov	<del>-</del>			

		<del></del> -		
6. Additional provisions, if any, not consistent 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 th	is box to indicate attachment	
7. The Limited Liability Company	is to be managed by:			
You <b>MUST</b> check one box:  Tis member(s) (If you have c	hecked this box, skip to	Section 8. Do not fill out the c	hart 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			
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY				
Date received (Upon filing)				
Later effective date (Date must be no more than 30 days from the date 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	A	ddress	<u> </u>	
Cesar Gl	utiensez	69 Burnett	54	
City/Town		State	Zip Code	
providence		RI	02907	
Signature of authorized Person			Date	
Total	SIGN DOCUMENT	HERE	03-16-2018	

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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:

March 16, 2018 09:44 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

