RI SOS Filing Number: 201860569340 Date: 3/19/2018 3:13:00 PM

| State of Rhode Island and Providence Planta Department of State - Business | | |
|---|--|-----------------------------|
| Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00 | | SECRETARY OF RECEIVED BY 19 |
| Pursuant to the provisions of RIGL <u>7-16</u> , the follow the limited liability company to be organized herel | • | PH TOO |
| 1. The name of the limited liability company is: North East window | cleaning LLC | 13 |
| 2. The name and address of the initial resident a | agent/office in Rhode Island is: | |
| Agent Name Edgar Meding | | |
| Street Address (NOT a P.O. Box) 28 Chaucer | st Chaucees | t · |
| City/Town Providence | State RHODE ISLAND | Zip Code 02908 |
| 3. Under the terms of these Articles of Organizat the limited liability company is intended to be treated. | | |
| partnership or a corporation or disregarded as an entity separate from | ım its member(s) | |
| 4. The address of the principal office of the limite | ed liability company, if it is determined at the t | ime of organization: |
| Street Address NOT DETERMINED AT 7 | THIS TIME | - |
| City/Town | State | Zip Code |

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 **FILED**

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| 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 this t | pox 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.) | | | | | |
| The (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 | | | | |
| Edgar Me Jina | 28 Chauc | erst | Providence, | RF02928 | |
| | | | | | |
| | | | | | |
| | | | | | |
| 8. Date when these Articles of Or | ganization will be effe | ctive: CHE | CK ONE BOX ONLY | | |
| ☐ Date received (Upon filing) | | | | | |
| Later effective date (Date must be no more than 30 days from the date of filing) April 1, 2018 | | | | | |
| 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 28 Chaver St | | | | | |
| City/Town City/Town State Zip Code Khode Island O2908 | | | | | |
| City/Town | 7 | State | Chocle Island | Zip Code | |
| Frovidence | <u>′</u> | | Lhode Island | 02908 | |
| Signature of Authorized Person | | | | Date 3/19/2018 | |
| Ellar M | SIGNENCLIMEN | T HERE | | 3/19/010 | |

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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 19, 2018 03:13 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

