



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

STAMP

Articles of Organization
DOMESTIC Limited Liability Company
Filing Fee: \$150.00

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 APR 23 AM 11:21

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

1. The name of the limited liability company is:		
ShipShape LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Name Kathryn O'Neel Webster		
Street Address (NOT a P.O. Box) 80 Narragansett Rd		
City/Town Saunderstown	State RHODE ISLAND	Zip Code 02874
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):		
☐ a partnership or ☐ a corporation or ☒ disregarded as an entity separate from its member		
4. The address of the principal office of the limited liability company if it is determined at the time of organization:		
Street Address 80 Narragansett Rd		
City/Town Saunderstown	State RI	Zip Code 02874
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 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.		

FILED

APR 23 2018

BY CU 329226

11:21

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

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	
Kathryn O'Neel-Webster		80 Narragansett Rd	
City/Town	State	Zip Code	
Saunderstown	RI	02874	
Signature of Authorized Person			Date
Kathryn O'Neel-Webster SIGN DOCUMENT HERE			4/20/18

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.