RI SOS Filing Number: 201864697030 Date: 5/11/2018 11:49:00 AM



## 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



## Articles of Organization 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:  1. The name of the limited liability comp	pany is:	
Ellie C. I.I.c		
2. The name and address of the limited	liability company's resident agent in Rhode I	sland is:
Name Eleanor E. Coyne		
Street Address ( <u>NOT</u> a P.O. Box) 90 Ellery st Apt 3		
City/Town Providence	State RHODE ISLAND	Zip Code 02909
	Organization and any written operating agree to be treated for purposes of federal income	
a partnership or  ✓ a corporation or  ✓ disregarded as an entity sep	parate from its member	
4. The address of the principal office of	the limited liability company if it is determine	d at the time of organization:
Street Address 90 Ellcry St Apt 3		
City/Town Providence	State Rhode Island	Zip Code 02909
	purpose of engaging in any lawful business, ince with RIGL 7-16, unless a more limited purion	• •

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Form No. 400 Revised: 2015

of Organization, including, but	y, not inconsistent with law, which the member(s) elect to have set forth in these Articles it 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:
	Chook this have to indicate attachment
7. The Limited Liability Comp	Check this box to indicate attachment any is to be managed by:
You MUST check one box:	- ,
Its member(s) (If you ha	ve checked this box, skip to Section 8. Do not fill out the chart below.)
	er(s) (If the limited liability company has manager(s) at the time of the filing of these Articles and address of each manager below.)
MANAGER	BUSINESS ADDRESS
	<u> </u>
8. Date when these Articles	f Organization will be effective: CHECK ONLY ONE BOX
✓ Date received (Upon fili	ig)
Later effective date (Dat	e must be no more than 30 days from the day of filing)
	clare and affirm that I have examined these Articles of Organization, including any accom- at all statements contained herein are true and correct.
Name of Authorized Person	Address
Eleanor E. C	oune 90 Ellem St API 3
City/Town	State Zip Code
PROVIDENCE	R1 02909
Signature of Authorized Person	Cape 5/11/18
	<u> </u>

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.

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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:

May 11, 2018 11:49 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

