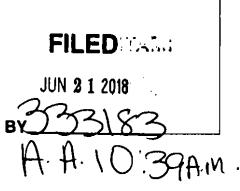
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State of Rhode Island and Providence Plantations Department of State - Business Services Division	2018 J			
Articles of Organization DOMESTIC Limited Liability Company	. .	PORATIONS		
→ Filing Fee: \$150.00		AH IO:		
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	39 VE			
1. The name of the limited liability company is:				
J.A.S. Construction, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Joseph A. Silva				
Street Address (<u>NOT</u> a P.O. Box) 94 Cleveland Street				
City/Town West Warwick	State RHODE ISLAND	Zip Code 02893		
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 94 Cleveland Street				
City/Town West Warwick	State RI	Zip Code 02893		
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

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FORM 400 - Revised: 11/2017

6 Additional provisions if any m	ot consistant with low	which the me	mbar(c) alast to have	not forth in those Articles	
 Additional provisions, if any, no of Organization, including, but no company is formed, and any other 	ot limited to, any limitat	tion of the pur	pose(s) or duration for	which the limited liability	
			.		
7. The Limited Liability Company	vis to be managed by:		Check this b	box to indicate attachment	
You MUST check one box:					
Its member(s) (If you have o	checked this box, skip	to Section 8. I	Do not fill out the chai	rt below.)	
One (1) or more manager(s of Organization, state the na				ne of the filing of these Articles	
MANAGER	ADDRESS				
			•	· · · · · · · · · · · · · · · · · · ·	
8. Date when these Articles of O	I rganization will be effe	ctive: CHECK	ONE BOX ONLY		
✓ Date received (Upon filing)					
Later effective date (Date m	ust be no more than 3	0 days from th	ne date of filing)		
Under penalty of perjury, I declar accompanying attachments, and					
		Address			
Joseph A. Silva 94		94 Clevelan	4 Cleveland Street		
City/Town		State		Zip Code	
West Warwick		RI		02893	
Signature of Authorized Person			<u> </u>	Date	
X Gesen Sign DOCUMENT HER		IT HERE		6-14-18	

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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.



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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:

June 21, 2018 10:39 AM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

