

SECRETARY OF STATE CORPORATIONS DIV

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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

the limited hability company to be organized hereby.				
The name of the limited liability company is:				
RI Dumpster LL				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Chuis Genes 50 Street Address (NOI a P.O. Box)				
Street Address (NOI a P.O. Box)				
331 Grange RO				
City/Town Worth Smith Freld	State RHODE ISLAND	Zip Code 02896		
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 331 Grunge RD City/Town State North SmithField City/Town City/Town State City/Town City				
City/Town	State	Zip Code		
North Smith Field	12	02896		
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

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY CM AB723

6. Additional provisions, if any, no of Organization, including, but not company is formed, and any other	limited to, any limitation	on of the purpose(s) or dura	ation for which the limited liability	
		Che	ck 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 component of Organization, state the narrows).	(If the limited liability c	ompany has manager(s) a	the chart below.) t the time of the filing of these Articles	
MANAGER	ADDRESS	·		
Chris Guner Su	331 Gu	ye RD h	Jorth smith PL 028	
8. Date when these Articles of Or	ganization will be effect	tive: CHECK ONE BOX O	NLY	
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	1	Address		
Chris Gones	52	331 GLaus	- RD N Smithely	
City/Town		State	Zip Code	
Worth Smith	Freld	RI	02896	
Signature of Authorized Person	_ Sylv COCUMENT	HERE	Date	