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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF ST. CORPORATIONS D.

Articles of Organization

DOMESTIC 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:

The name of the limited liability company is:				
BRANCH SUPPLY LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Vicholas Branch				
Street Address (NOT a P.O. Box) 822 hart Ford AVR				
John Stan	State RHODE ISLAND	Zip Code 029/9		
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 822 WARTFORD AVE.				
City/Town JUM Stow	State RT	Zip Code 029/9		
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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of Organization, including, but no	ot limited to, any limita	which the member(s) elect to have tion of the purpose(s) or duration for y be included in an operating agreer	which the limited liability
	 		oox to indicate attachment
7. The Limited Liability Company	is to be managed by:		
YourMUST check one box: III Its member(s) (If you have to	checked this box, skip	to Section 8. Do not fill out the chair	rt below.)
1 <u> </u>) (If the limited liability	company has manager(s) at the tim	•
MANAGER	ADDRESS		
8. Date when these Articles of O	rganization will be effe	ective: CHECK ONE BOX ONLY	
Date received (Upon filing)			
Later effective date (Date m	ust be no more than 3	0 days from the date of filing)	
		re examined these Articles of Organi ontained herein are true and correct.	zation, including any
Name of Authorized Person		Address	
Micholas Branch 822 hartford Ale.			
City/Town Johnston		State Rhode Island	Zip Code <i>O</i> 2 <i>919</i>
Signature of Authorized Person	S:CN DOCUMEN	ITHERE	9/4/18

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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:

September 04, 2018 12:12 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

