



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 SEP -4 PM 1:04

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:

1. The name of the limited liability company is:		
<i>MILGO LLC.</i>		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name		
<i>Janeer Logan</i>		
Street Address (NOT a P.O. Box)		
<i>129 Oxford Street</i>		
City/Town	State	Zip Code
<i>Providence</i>	RHODE ISLAND	<i>02905</i>
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):		
<input type="checkbox"/> partnership or <input checked="" type="checkbox"/> a corporation or <input type="checkbox"/> 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		
<i>not determined</i>		
City/Town	State	Zip Code
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

SEP 04 2018

STAMP

BY *KL S5 ATP*

1:04

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

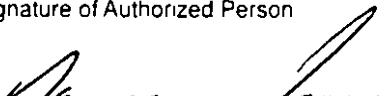
Check this box to indicate attachment ☐

You **MUST** check one box:

- | MANAGER | ADDRESS |
|---------|---------|
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| | |

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the date of filing)

Name of Authorized Person		Address	
James Logan		139 Oxford Street	
City/Town		State	Zip Code
Providence		RI	02905
Signature of Authorized Person			Date
			9.4.2001
SIGN DOCUMENT HERE			

FORM 400 - Revised 11/2017



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:

September 04, 2018 01:04 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

