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SECRETARY OF STAT
CORPORATIONS BIV

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:

1. The name of the limited liability company is:				
R. DISTEFAND HEAT and COOLING, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name RICHARD D DI STEFANO JR				
Street Address (NOT a P.O. Box)				
26 HARrison AVP				
City/Town WASWICK	State RHODE ISLAND	Zip Code O288		
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				
26 HATT: SON AUR				
City/Town	State	Zıp Code		
WACWICK	LKI.	02888		
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

SEP 2 1 2018

MAIL TO:

Division of Business Services

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

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

6. Additional provisions, if	f any, not consistent with law	which the member(s) elec	et to have set forth in these Articles
of Organization, including	g, but not limited to, any limita	ation of the purpose(s) or di	uration for which the limited liability
company is formed, and a	any other provision which ma	ay be included in an operati	ing agreement:
7 The Limited Liability Co	ompany is to be managed by		neck this box to indicate attachment
You MUST check one box		-	
	u have checked this box, skip	p to Section 8. Do not fill ou	ut the chart below.)
			at the time of the filing of these Articles
of Organization, state	e the name and address of e	ach manager below.)	
MANAGER	ADDRESS	——————————————————————————————————————	
-			
			W-11-12
		-	
8. Date when these Article	es of Organization will be eff	octive CHECK ONE BOY	ONLY
	-	ective CheCK ONE BOX	ONLY
Date received (Upon	ı filing)		
Later effective date (Date must be no more than	30 days from the date of fili	ng)
			of Organization, including any
	nts, and that all statements co	-	d correct.
Name of Authorized Person		Address	
KicHARD Di	STEFANO JR	26 HALLIS	on AVC
City/Town		State	Zıp Code
WASWICK	_	RI	07888
Signature of Authorized Pers	son		Date
1 Cild	P Date	HERE	9/21/18

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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 21, 2018 12:24 PM

Nellie M. Gorbea Secretary of State

Tullin U. Korler

