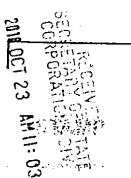


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 name of the limited liability company is:				
Rivera Repair LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Joel Rivera				
Street Address (NOT a P.O. Box)		· ······		
41 Ford S4				
Providence	State RHODE ISLAND	Zip Code 029 V7		
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 taxetion as (CHECK ONE BOX):				
pertnership or		(One of the Box).		
a corporation or				
disregarded as an entity separate from its member(s)				
4. The address of the principal office of the final of th				
4. The address of the principal office of the limited liability company, if it is determined at the time of organization: Tord St				
City/Town				
Providence	State RI	Zip Code 02917+		
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.				

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

P1 11/21

FORM 400 - Revised 1/2017

)

6. Additional provisions, if any, not consistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement.				
Check this box to indicate attachment				
7. The Limited Liability Company	is to be managed by:		·	
You MUST check one box: You have checked this box, skip to Section 8. Do not fill out the chart below.)				
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)				
MANAGER	ADDRESS			
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY				
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		ddress		
Joel Rivera 47 Ford St 2nd Flr		St 2nd Flr		
City/Town		State	Zip Code	
frovidence		胜	02907	
Signature of Authorized Person Date Date				
JULY MULO	ila		10/21/19	

ķ

RI SOS Filing Number: 201879960280 Date: 10/23/2018 11:03:00 AM



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:

October 23, 2018 11:03 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

