

Filing Fee: \$50.00

ID Number: 1680911



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

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CORPORATIONS DIV
2018 OCT 23 PM 1:50

LIMITED LIABILITY COMPANY

CERTIFICATE OF CORRECTION

Pursuant to the provisions of Section 7-16-13 of the General Laws of Rhode Island, 1956, as amended, the undersigned limited liability company hereby submits the following Certificate of Correction:

- The name of the limited liability company is: Donatoni Property Preservation LLC
- The document to be corrected is Articles of Organization
- The name of each party to the document being corrected is Travis Donatoni
- The date the document being corrected was filed is 1/26/2018
- The typographical error, error of transcription or other technical error, or the defect in the execution of the document, is:
Company was supposed to be filed as
a Domestic, not [a] Foreign
- The corrected portion of the document states as follows:
Switching to Domestic

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BY [Signature] 2xv94

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 10/23/2018

Donatoni Property Preservation LLC
Print Name of Limited Liability Company

By [Signature]
Signature of Authorized Person



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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:		
Donatoni Property Preservation LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Name		
Travis Donatoni		
Street Address (NOT a P.O. Box)		
94 Wood St		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	02889
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		
4. The address of the principal office of the limited liability company if it is determined at the time of organization:		
Street Address		
100 Bellows St Unit 5		
City/Town	State	Zip Code
Warwick	RI	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 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

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BY: 2XV94

6. Additional provisions, if any, not inconsistent 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:

- Its member(s) (If 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 ONLY ONE BOX**

- Date received (Upon filing)
- Later effective date (Date must be no more than 30 days from the day 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		Address	
Travis Donaton:		94 Wood St	
City/Town	State	Zip Code	
Warwick	RI	02889	
Signature of Authorized Person			Date
 SIGN DOCUMENT HERE			10/23/2018