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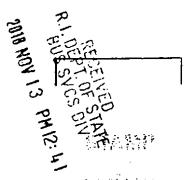


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Organization DOMESTIC Limited Liability Company

--> Filing Fee: \$150.00



ursuant to the provisions of RIGL. <u>7-16</u> , the following Articles of Organiane limited liability company to be organized hereby:	zation are adopted for			
1. The name of the limited liability company is:	•			
Vives Rivera Repair Lie				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Lex Wives Rivera				
Street Address (NOT a P.O. Box) 58 Wil-Som	St			
City/Town Providence	State RHODE ISLAND	Zip Code 0 290 7		
 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 58 Will Son St				
City/Town Providence	State	Zip Code 02907		
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 NOV 13 2018 HDKK1

C Additional		1710 - 45		
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.				
		•		
		•		
		CI	neck this box to indicate attachment	
7. The Limited Liability Con	<u></u>	r.		
You MUST check one box its member(s) (If you		p to Section 8. Dó not fill o	ut 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 Article	s of Organization will be ef	fective: CHECK ONE BOX	ONLY	
Date received (Upon	filing)		7 - 24	
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		Address		
A Lex Nie	les Rivera	158 Wil	Lson Sit	
City/Town		State	Zip Code	
Provide	ence	RZ	02907	
Signature of Authorized Pers	on Nos	2 Jora	Date /// /3 / /2	

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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:

November 13, 2018 12:41 PM

Nellie M. Gorbea Secretary of State

Tullin U. Kolen

