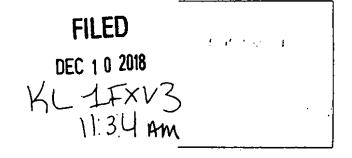
	State of Rhode Island and Providence Plantations Department of State - Business Services Division 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Email: corporations@sos.ri.gov Website: www.sos.ri.gov	2018		
MOPE		18 NOV 27	RECEL LI. DEPT. C BUS SVC	
	Articles of Organization Limited Liability Company Filing Fee: \$150.00	AM 11 34	VED OF STATE	

Pursuant to the provisions of <u>RIGL 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 compa	ny is:			-				
ABM 36 Sound LLC	23	R.1	KG					
2. The name and address of the limited liability company's resident agent in Rhode Island is:								
Name Jarrett Galloway	101	SVCS						
Street Address (<u>NOT</u> a P.O. Box) 26 Lawrence Street, Uni+3	3 . i E	STATE	ZG					
City/Town Pawtucket	State RHODE ISLAND	Zip Cốđe 02860	2	0				
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):								
 a partnership or a corporation or disregarded as an entity separate from its member 								
4. The address of the principal office of th	e limited liability company if it is determined at the time	of organi	zation:					
Street Address Not yet determined								
City/Town	State	Zip Code	;					
	urpose of engaging in any lawful business, and shall ha æ with RIGL 7-16, unless a more limited purpose or du n.	• •						



of Organization, including, bu	r, not inconsistent with law, which the member(s) elect to have set forth in these Articles t not limited to, any limitation of the purpose(s) or duration for which the limited liability other provision which may be included in an operating agreement:
	Check this box to indicate attachment
7. The Limited Liability Comp.	any is to be managed by:
You MUST check one box: Its member(s) (If you ha	ve checked this box, skip to Section 8. Do not fill out the chart below.)
One (1) or more manage of Organization, state the	er(s) (If the limited liability company has manager(s) at the time of the filing of these Articles and address of each manager below.)
MANAGER	BUSINESS ADDRESS
Jarrett Galloway	26 Lawrence St. Unit 3, Paw-tucket RI 02860 (56)
	03860 56
8. Date when these Articles of	f Organization will be effective: CHECK ONLY ONE BOX
Date received (Upon filir	ng)
Later effective date (Dat	e must be no more than 30 days from the day of filing)
Under penalty of perjury, I de panying attachments, and that	clare and affirm that I have examined these Articles of Organization, including any accom- at all statements contained herein are true and correct.
Name of Authorized Person	Address
Jarrett Galloway	36 Lawnence St. Unit3
City/Town	State Zip Code
Maw tockal	RI Odroo (SG)
Signature of Authorized Person	Date 11/16/18
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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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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:

December 10, 2018 11:34 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

