



## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

Website: www.sos.ri.gov

Pursuant to the provisions of RIGL 7-16, the following Articles of Orga	anization are adopted for	1		
the limited liability company to be organized hereby:  1. The name of the limited liability company is:				
JI Photography RI LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name JERRY Gosetti				
Street Address (NOT a P.O. Box) 499 GNEAT RD				
City/Town LINGOIN	State RHODE ISLAND	Zip Code 0 2865		
3. Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of				
partnership <b>or</b> a corporation <b>or</b>				
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 499 GNEAT Rd				
City/Town Lincoln	State	Zip Code 0 2 8 6 5		
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.				
<del></del>				
	_			
	FILED 3:5	2.		
MAIL TO:	FEB 0 1 2019			
Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615	1			
Phone: (401) 222-3040	AN SAZOR			

6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other	ot ilmited to, any limitation	Of the purpose(s) or duration fo	or which the limited liability	
7. The Limited Liability Company	is to be managed by:	Check this TI'S members	box to indicate attachment	
You MUST check one box:  Its member(s) (If you have o			ert helow )	
	) (If the limited liability com	pany has manager(s) at the tir	ne of the filing of these Articles	
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 90 days from the date of filing) 2-14-19				
Under penalty of perjury, I declare accompanying attachments, and	e and affirm that I have exa that all statements contain	amined these Articles of Organi ed herein are true and correct.	ization, including any	
Name of Authorized Person	Addr	ess		
VERRY DO	Fosetti	499 GAETA.	r Rd	
City/Town		State	Zip Code	
LINCOLN		RI	02865	
Signature of Authorized Person	1 D Gree	lu	Date //31/19	
			<u> </u>	