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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

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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. | | | | | |
|--|--------------------|--------------------------|--|--|--|
| Daviau's Landscaping, LLC | | | | | |
| 2. The name and address of the initial resident agent/office in Rhode Island is: | | | | | |
| Agent Name David M. D'Agostino, Esq. | | | | | |
| Street Address (<u>NOT</u> a P.O. Box) 25 Danielson Pike | | | | | |
| City/Town North Scituate | State RHODE ISLAND | Zıp Code 02857 | | | |
| 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): | | | | | |
| 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 52 Upland Road | | | | | |
| City/Town Woonsocket | State RI | Zip Code 02895 | | | |
| 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. | | | | | |
| | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FLET

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BY_____

| 6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other | t limited to, any limitat | ion of | f the purpose(s) or duration for | which the limited liability | | |
|--|---------------------------|--------|---|-----------------------------------|--|--|
| N/A | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | Check this b | ox to indicate attachment L | | |
| 7. The Limited Liability Company | is to be managed by: | | | | | |
| You MUST check one box Its member(s) (If you have c | hecked this box, skip | to Se | ction 8. Do not fill out the char | t below.) | | |
| One (1) or more manager(s) of Organization, state the nat | • | - | pany has manager(s) at the time anager below.) | e 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 mo | ust be no more than 9 | 0 day | s from the date of filing) | | | |
| Under penalty of perjury, I declare accompanying attachments, and | | | | zation, including any | | |
| Name of Authorized Person Addr | | Addre | ddress | | | |
| Nathan L. Daviau, Sr. 52 l | | 52 U | 2 Upland Road | | | |
| City/Town | | | State | Zip Code | | |
| Woonsocket | | | RI | 02895 | | |
| Signature of Authorized Person | | · | Date | | | |
| OCUMENT HERE | | | April 1, 2019 | | | |

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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:

April 01, 2019 03:55 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

