RI SOS Filing Number: 201989820490 Date: 4/3/2019 11:49:00 AM



RELEVED STATE CORPORALICNS BIV

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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:			
Sancter Je Londseg Di	ng 11C		
2. The name and address of the initial resident agent/office in Rhode Island is:			
Agent Name			
Street Address (NOT a P.O. Box)			
Street Address (NOT a P.O. Box)			
144 FIAT AVE			
City/Town	State	Zip Code	
Cranston	RHODE ISLAND	195	
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			
144 FIGT HUF			
City/Town	State 12-	Zip Code	
Cranston	17.7	02910	
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 APR 0 3 2019 11:49

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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:		
	Check this box to indicate attachment	
7. The Limited Liability Compan		
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 ONE BOX ONLY		
☑ Date received (Upon filing) 41319		
Later effective date (Date must be no more than 90 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	
Juan carlos Sancter 194 tiat AVF		
City/Town	State Zip Code	
cranston	RJ 02910	
Signature of Authorized Person Date		
4/3/19		
M		

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.

FORM 400 - Revised: 01/2019

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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 03, 2019 11:49 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

