RI SOS Filing Number: 201990404650 Date: 4/15/2019 11:40:00 AM



State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

2019 APR 15 'AH 11: 40

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: , , , , , , , , , , , , , , , , , , ,				
Erny & Natty LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Luis Res Frepo				
Street Address (NOT a P.O. Box)				
286 california AU.				
	State	Zip Code		
providence	RHODE ISLAND	02905		
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 286 colsfornsa AV.				
City/Town providence	State PI	Zip Code		
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

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6. Additional provisions, if any, no	ot consistent with law, w	hich the member(s) elect to h	ave set forth in these Articles
of Organization, including, but no company is formed, and any other	ot limited to, any limitation or provision which may	on of the purpose(s) or duration be included in an operating ag	n for which the limited liability greement:
			•
		Check t	his box to indicate attachment
7. The Limited Liability Company	is to be managed by:	 ,	
You MUST check one box: Its member(s) (If you have of	checked this box, skip to	o Section 8. Do not fill out the	chart below.)
One (1) or more manager(si of Organization, state the na			e time of the filing of these Articles
MANAGER	ADDRESS		
Natasha Desire	e Peraza	215 hardso	n 5t. pautund
	PI C	2860	_
8. Date when these Articles of Or	ganization will be effect	tive: CHECK ONE BOX ONLY	<u> </u>
Date received (Upon filing)			
Later effective date (Date m	ust be no more than 90	days from the date of filing) _	
Under penalty of perjury, I declar accompanying attachments, and			
Name of Authorized Person	 -	Address	. <i>M.V.</i>
Lois Keshing	~	286 califoor	nea AV.
City/Town		State	Zip Code
providence		R.F	02905
Signature of Authorized Person) /		Date
pris pe	eshy)		04/15/2019
\mathcal{U}			<i>'</i>

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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 15, 2019 11:40 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

