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State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

SECRETARY OF ST. CORPORATIONS DI

## **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:

1. The name of the limited liability company is:		
MARBY	EXPress.	LLC
2. The name and address of the initial resident agent/office in Rhode Is		
Agent Name ROSebin Brito		
Street Address (NOT a P.O. Box)	Hill Ave	
CYANSTON	State RHODE ISLAND	Zip Code のこりての
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 93 Shot truet Hill	AVre	
City/Town Iranolon	State R. T.	Zip Code <i>O</i> 2 9 2 0
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 MAY 2 8 2019 1:31 BY CU 91107

of Organization, including, bu	not consistent with law, which the member(s) elect to have set forth in these Articles to 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:	
7. The Limited Liability Comp	Check this box to indicate attachment	
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	f Organization will be effective: CHECK ONE BOX ONLY	
	e must be no more than 90 days from the date of filing)	
	clare and affirm that I have examined these Articles of Organization, including any and that all statements contained herein are true and correct.	
Name of Authorized Person  City/Town  Signature of Authorized Person	Address  93 Prestrut Hull AV  State  Zip Code  Date  Date	

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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:

May 28, 2019 01:31 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

