

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:

2019 HAY 239	SECRETERS CORPORAL
A. 10: 17	IONE STATE

the limited liability company to be organized hereby:						
The name of the limited liability company is:						
LoLa7141 Services, LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name Seth Daley						
Street Address (<u>NOT</u> a P.O. Box) 529 Rocky Hill Rd						
City/Town Scituat3e	State RHODE ISLAND	Zip 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 529 Rocky Hill Rd						
City/Town Scituate	State RI	Zip Code 02857				
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 29 2019 TOR
SECRETARY OF STATE

BY CA WOZO

6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other	ot limited to, any limitat	tion of the purpose(s) elect to have set forth in these Ai s) or duration for which the limited li operating agreement:	rticles iability	
			Check this box to indicate attac	hment 🔲	
7. The Limited Liability Company	is to be managed by:				
You MUST check one box: Its member(s) (If you have o	checked this box, skip	to Section 8. Do no	t fill out the chart below.)		
One (1) or more manager(s) of Organization, state the na) (If the limited liability me and address of ea	company has mana ch manager below.)	ager(s) at the time of the filing of the	ese Articles	
MANAGER	ADDRESS		-	· · · ·	
_					
8. Date when these Articles of Or	ganization will be effe	ctive: CHECK ONE	BOX ONLY		
✓ Date received (Upon filing)			 -		
Later effective date (Date mi	ust be no more than 9	0 days from the date	e of filing)		
Under penalty of perjury, I declare accompanying attachments, and			rticles of Organization, including an	ıy	
Name of Authorized Person Addr		Address	ddress		
Seth Daley 529		529 Rocky Hill Rd	29 Rocky Hill Rd		
City/Town		State	Zip Code	_	
Scituate		RI	02857		
Signature of Authorized Person			Date		
SIGN DOCUMENT HERI		T HERE	5/20/0]	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 					