State of Rhode Island and Providence Plantations Department of State - Business Services Division	on CRETA	ATIONS OF		
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00	2019 MAY 3	BI AM 11:22		
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organ the limited liability company to be organized hereby:	nization are adopted for			
1. The name of the limited liability company is:				
AG Mega LIC				
2. The name and address of the initial resident agent/office in Rhode Island is.				
Agent Name . AWTONI	D Aquind			
Street Address (<u>NOT</u> a P.O. Box)				
13 Westwood Ave				
City/Town	State	Zıp Code		
('RANSTON)	RHODE ISLAND	02905		
 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				
74 ALGONQUIN St.				
City/Town	State	Zip Code		
PROVIDENCE	KT	0290 🔧		
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a 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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FORM 400 - Revised: 01/2019

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of Organization, including	, but not limited to, any lir	mitation of the purpose(s) or du	t to have set forth in these Articles iration for which the limited liability	
		may be included in an operation	ng agreement:	
BUSINE	ISS			
-				
		```	_	
7. The Limited Liability C	moany is to be managed		eck this box to indicate attachment	
You MUST check one bo				
Its member(s) (If you	have checked this box, s	skip to Section 8. Do not fill ou	t the chart below.)	
	nager(s) (If the limited liab e the name and address o		at the time of the filing of these Article	
MANAGER	ADDRESS	ADDRESS		
ANTONIO AQUIN	174 Ala	PONCOUNST PONC	Lence RI 02907	
MICHIC FOIL			CNCP IST OCID /	
8. Date when these Articl	es of Organization will be	effective: CHECK ONE BOX (	DNLY	
Date received (Upor	- filing)		· · ·	
		an 90 days from the date of film	n <b>a</b> )	
		have examined these Articles		
accompanying attachmer		s contained herein are true and		
Name of Authorized Person	`	Address		
DAtomid,	1944U	74 Agouge	1 cm st	
City/Town	,	State	Zip Code	
(muttaler)	ent	NI	02907	
Signature of Authorized Per			Date	
nin	SION DOCUM		05/31/2019	
(	/			
			,	
	/			

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. .

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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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 31, 2019 11:22 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

