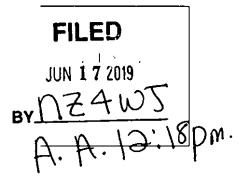
..

J

State of Rhode Island and Providence Plantations Department of State - Business Services Division	on	SECRETARY OF STATI CORPORATIONS DIV 2019 JUN 17 JPH 12: 18		
Articles of Organization DOMESTIC Limited Liability Company		DEIVED RY OF S ATIONS 5 7 SPM 12		
→ Filing Fee: \$150.00		INTE		
Pursuant to the provisions of RIGL 7-16. 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:				
SANDUS SWEETS LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name JESSICA Gomes				
Street Address (NOT a P.O. Box) 691 Main St				
City/Town	State	Zip Code		
Warren	RHODE ISLAND	০৯৪৪ত		
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 69 May St, Warren				
City/Town Warren	State RI	Zip Code UZ885		
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.rl.gov



 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 						
You MUST check one box:						
 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					
	-, r					
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY						
Date received (Upon filing)						
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	. .	•		
Jessica Gomes	s 52 Walnut st #3					
City/Town		State		Zip Code		
East Providence		R		૦ટ્રવાપ		
Signature of Authorized Person Date			1 1			
The SIGN DOCUMENT HERE		6/17/19				

.

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.

,



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:

June 17, 2019 12:18 PM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

