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Date: 8/27/2019 10 EXEMPT OF STATE

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Division 1819 AUG 27 A 10: 22



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## **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 Orgathe limited liability company to be organized hereby:	nization are adopted for	
The name of the limited liability company is:		
Cruzz Builders	Constiu	ctionu
2. The name and address of the initial resident agent/office in Rhode	Island is:	
Adele marie Patnod	e	
Street Address (NOT a P.O. Box)	Rear	
city/Town warwick	State RHODE ISLAND	Zip Code 02893
<ol><li>Under the terms of these Articles of Organization and any written of the limited fiability company is intended to be treated for purposes of</li></ol>		*
partnership or		•
a corporation or		
disregarded as an entity separate from its member		
4. The address of the principal office of the limited liability company if	it is determined at the time	of organization:
Street Address		
City/Town	State	Zip Code
5. The limited liability company has the purpose of engaging in any launtil 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

AUG 27 2019

BY MAWZO

of Organization, including	f any, not inconsistent with law, which the member(s) elect to have set forth in these Articles g, but not limited to, any limitation of the purpose(s) or duration for which the limited liability any other provision which may be included in an operating agreement:
	Check this box to indicate attachment.
7. The Limited Liability Co	ompany is to be managed by:
You MUST check one box Its member(s) (If you	x: u have checked this box, skip to Section 8. <b>Do not</b> fill out the chart below.)
	nager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles e the name and address of each manager below.)
MANAGER	ADDRESS
· · · · · · · · · · · · · · · · · · ·	
8. Date when these Articl	es of Organization will be effective: CHECK ONLY ONE BOX
Date received (Upon	ı filing)
Later effective date (	(Date must be no more than 30 days from the day of filing)
Under penalty of perjury,	I declare and affirm that I have examined these Articles of Organization, including any
accompanying attachmer	nts, and that all statements contained herein are true and correct.
Name of Authorized Person	Address
lAdele M	1avil Vatnode 15 middle Stand F1 Rda
City/Town	State Zıp Code
w. wasa	1CK R1 02893
Signature of Authorized Pen	
	SIGN DOCUMENT ERE

RI SOS Filing Number: 201915689470 Date: 8/27/2019 10:22:00 AM



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:

August 27, 2019 10:22 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

