

Articles of Organization DOMESTIC Limited Liability Company	STAMP				
→ Filing Fee: \$150.00		R.I. DE BUS 2019 SEP			
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	DEPT US SYN			
1. The name of the limited liability company is: DN E Cleaning Services L	LC	AID S.			
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name Johanny Diloglid					
Street Address (NOT a P.Q. Box) 182 Dora Street 2nd Floor					
City/Town Dovidena	State RHODE ISLAND	Zip Code 0 7 9 0 9			
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	Tit is determined at the time	s or organization.			
182 Dora Street 2nd floor					
City/Town Providence RZ	State	Zip Code <i>U</i> 29 <i>0</i> 9			
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

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6. Additional provisions, if any, not inconsistent 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 b	ox to indicate attachment	
7. The Limited Liability Company is to be managed by:					
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			-	
Johanny Dizaglio	182 Dura	street !	Povidence	RI 02909	
<i>'</i>					
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	 		_		
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	1 and o		
Johanny Dizoglo 182 Dura st 2nd Pluor			001		
City/Town /		State		Zip Code	
Providence		122	-	02909	
Signature of Authorized Person				Date	
s	IGN COCUMENT HE K			9/5/2019	
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