



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the following Article the limited liability company to be organized hereby:

The name must include "limited liability company," or the letters "L.L.C." with or without punctuation. You can check name availability on our website.

1. The name of the limited liability company is: <input type="checkbox"/>		Valet Cleaning USA, LLC	
2. The name and address of the resident agent is:	The resident agent is an individual or entity that will accept all legal service for this business. The agent must be a Rhode Island resident or entity qualified to do business in the state. A RHODE ISLAND street address is required, NOT a P.O. Box.		
Agent Name	Anthony G. Spiratos		
Street Address (NO P.O. Box)	333 Tuckerman Ave, Apt 1		
City/Town	Middletown	State	RHODE ISLAND
		Zip Code	02842
3. Under the terms of these Articles of Organization and any written agreement, the limited liability company is intended to be treated for purpose:		Choose whether your company will be treated as (X) <input type="checkbox"/> made, a partnership, a corporation, or disregarded as an entity separate from its member(s) for federal income tax purposes. See instructions for further information.	
<input type="checkbox"/> partnership or <input checked="" type="checkbox"/> a corporation or <input type="checkbox"/> disregarded as an entity separate from its member(s)			
4. The address of the principal office of the limited liability company:		State the principle address of the limited liability company. If you do not know the address yet, state "not yet determined."	
Street Address		333 Tuckerman Ave, Apt 1	
City/Town		Middletown	
5. The limited liability company has the purpose of conducting business until dissolved or terminated in accordance with RI Section 6 of these Articles of Organization. <input type="checkbox"/>		All Rhode Island limited liability companies have a perpetual (ongoing) existence until the LLC is formally dissolved with this office. All LLCs are organized to conduct any lawful business unless a more specific purpose or duration is stated in Section 6.	

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, _____, which the limited liability company is formed, and an _____, which the limited liability company is formed, and an _____.

State any additional provisions agreed upon by the member(s) that you would like to include in the Articles of Organization. If you require additional space check the attachment box and be sure to include the entity name on the attachment.

This is optional.

A "Manager" or "Managers" means a person or persons designated by the members of a LLC to manage the LLC. A "Member" means a person with an ownership interest in a LLC with the rights and obligations specified in RIGL 7-16.

If you check the first box to indicate that the LLC will be managed by its member(s), DO NOT fill out the chart below.

7. The _____

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
Anthony G. Spiratos	333 Tuckerman Ave, Apt 1 Middletown, RI 02842
Casey Lebow Lebow	80 Gifford Street Swansea, MA 02777

If you check the second box to indicate that the LLC will be managed by one or manager(s), list their names and respective addresses in the chart below.

Only check "Later Effective Date" if you **DO NOT** want this filing to be effective when our office receives the document. A "Later Effective Date" that is earlier than when the form is received in this office will be **REJECTED**.


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 _____)

Under penalty of perjury, I declare and affirm that I am an authorized person of the organization, including any accompanying attachments, and that all statements are true and correct.

An authorized person **MUST** sign and date these Articles.

Name of Authorized Person	Address	
Anthony G. Spiratos	333 Tuckerman Ave, Apt 1	
City/Town	State	Zip Code
Middletown	RI	02842
Signature of Authorized Person		Date
		10/29/19



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:

October 29, 2019 04:25 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

