RI SOS Filing Number: 201927166390 Date: 11/7/2019 12:42:00 PM



SECRETARY OF STA-CORPORATIONS DIV 1019 NOV - 72 PM 12: 4

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

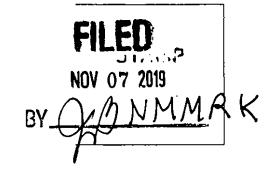
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The name of the limited liability company is:				
Elias Construction LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Elias Arevalo Ramos.				
Street Address (NOT a P.O. Box) 259 Fuller Am				
Central Falls	State RHODE ISLAND	Zip Code 02863		
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 259 Fuller Ave				
City/Town Central Falls	State Rhode Kland	Zip Code Φ2863		
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.ri.gov



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			
	-			
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				
Elias Arevalo Ramos 259 Fuller Avenue				
City/Town		State	Zip Code	
Central Falls		Rhade Island	62863.	
Signature of Authorized Person			Date	
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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:

November 07, 2019 12:42 PM

Nellie M. Gorbea Secretary of State

Tullin U. Kolen

