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Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Website: www.sos.ri.gov

Discourant to the exercisions of DIOL 7.40 at a full price to the control of O				
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for			
The name of the limited liability company is:		<u> </u>		
moves 4 Less LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name ar leton M Fisher				
Street Address (NOT a P.O. Box) ROOM OF CK Dr				
City/Town /	State	Zip Code		
Warwack	RHODE ISLAND	10281G		
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 AAArnolds neck Dr				
City/Town WCXWCK	State 7	Zip Code () 288(0		
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.				
	FILED			
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	JAN 2 2 2020			
MAIL TO:	200F			
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040	D 5000.			

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:				
Carteton Fisher				
Carteton Fisher Owner				
			_	
7. 76. 10. 2. 410. 100. 0		Check t	this box to indicate attachment	
7. The Limited Liability Company is to be managed by:				
You MUST check one box: Ats member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.)				
Sne (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		
Carletonm	Fisher	181 Arnolds	neck Dr	
City/Town	•	State	Zip Code	
uprwick,	<u>,</u>	RI	02886	
Signature of Authorized Person			Date	
Tasth	STOUMENT HER	i. 	1-22-20	

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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:

January 22, 2020 01:56 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

