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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 Articles of Organization are adopted for the limited liability company to be organized hereby: 1. The name of the limited liability company is: Appliances 2. The name and address of the initial resident agent/office in Rhode Island is: Agent Name Street Address (NOT City/Town Zip Code RHODE ISLAND 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 City/Town Zip Code State

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

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Section 6 of these Articles of Organization.

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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 box to indicate attachment
7. The Limited Liability Compa	ny is to be managed by:		
You MUST check one box:			
Its member(s) (If you have	echecked this box, skip to	Section 8. Do not fill out the	e chart below.)
			ne time of the filing of these Articles
of Organization, state the	name and address of each	n manager below.)	
MANAGER	ADDRESS		
		<del></del>	
8. Date when these Articles of	Organization will be offeet	ive: CHECK ONE BOY ONL	<u> </u>
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		amed herein are true and co.	
	[]	_	, Suite 27
Genevera Santanas 95 Hathawayst.			
City/Town		State	Zıp Code
Channel			1 ~~~~
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Signature of Authorized Person	A		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:

January 24, 2020 02:20 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

