

SCORETAKY STATE OF ORPORATIONS BY

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: Cleaning Services 2. The name and address of the initial resident agent/office in Rhode Island is: Agent Name Street Address (NOT a P.O. Box) City/Town Zip Code **RHODE ISLAND** *0*2893 warwick 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 State Zip Code 02893 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 7-16, 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.

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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| 6. Additional provisions, if any, not Organization, including, but not company is formed, and any other company is formed. | ot limited to, any limitatio | on of the purpose(s) or | elect to have set forth in these Articles r duration for which the limited liability rating agreement: | |
|--|--------------------------------|---------------------------------------|--|--|
| 7. The Cinches II 150 PF C | · | | Check this box to indicate attachment | |
| 7. The Limited Liability Company | y 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.) | |
| l | s) (If the limited liability o | ompany has manager | r(s) at the time of the filing of these Articles | |
| MANAGER | ADDRESS | | | |
| | | | | |
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| | | | | |
| 8. Date when these Articles of C | | tive: CHECK ONE BC | DX 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 decla accompanying attachments, and | | | les of Organization, including any and correct. | |
| Name of Authorized Person | | Address | | |
| Steven Gallad | her | 41 /2 east | Street | |
| City/Town | | State | Zip Code | |
| west warwich | | RI | 02893 | |
| Signature of Authorized Person | | | Date | |
| The Soll Are | | | 1/28/20 | |