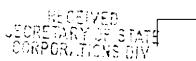


State of Rhode Island and Providence Plantations Department of State - Business Services Division STATE OF STATE STATE OF S



2020 JAN 30 PM 2: 06

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Website: www.sos.ri.gov

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:				
The name of the limited liability company is:				
Raposa Building Systems. LLC				
The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name				
Iracy Famulae				
Street Address NOT a P.O. Box)				
53 Uncoln DR				
City/Town	State	Zip Code		
JOHNSTON	RHODE ISLAND	100919		
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				
Same				
City/Town	State	Zip Code		
<u>L</u>				
5. The limited liability company has the purpose of engaging in any				
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.	·			
	MILE STEEL			
	FILED	2:06		
		···		
	JAN 8 0 2020			
MAIL TO: Division of Business Services	A BCBPU			
148 W. River Street, Providence, Rhode Island 02904-2615				
Phone: (401) 222-3040				

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:				
		Chec	k this box 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)	d this box, skip to Se	ction 8. Do not fill out t	he 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 ADD	RESS	·		
	-			
8. Date when these Articles of Organization will be effective. CHECK ONE BOX ONLY				
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	. Addr			
racy famulax 53 Lincoln DR				
City/Town		State	Zıp Code	
Johnston		RI	02919	
Signature of Authorized Person		<u> </u>	Date	
Jacu Jame	lan		1/30/2020	