



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

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2020 MAR -6 P 3:30

Articles of Organization
DOMESTIC Limited Liability Company

STAMP

→ 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:

Stella's Caribbean Creamery, LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name

Kellyann Oliver

Street Address (NOT a P.O. Box)

355 Hope Furnace Rd.

City/Town

Hope

State

RHODE ISLAND

Zip Code

02831

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

250 Main St unit 9.

City/Town

Providence

State

RI

Zip Code

02860

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 Section 6 of these Articles of Organization.

FILED

MAR 06 2020

BY *KL YALIKO*

3:30

STAMP

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 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 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		
Kellyann Oliver	355 Hope Furnace Rd.		
City/Town	State	Zip Code	
Hope	RI	02831	
Signature of Authorized Person			Date
K Oliver SIGN DOCUMENT HERE			3/6/2020