RI SOS Filing Number: 202040884660 Date: 5/27/2020 9:24:00 AM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

R.I. DEPT. OF STATE
BUS SVCS DIV

2020 MAY 27 AM 9: 24

## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	nization are adopted for	<u> </u>		
The name of the limited liability company is:				
20/20 Vision Truck	ring Enterpris	eLLC		
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name anthony W Concepción				
Street Address (NOT a P.O. Box)  46 Ontolera Llr.  City/Town  State  RHODE ISLAND  12919				
City/Town Providerel	State RHODE ISLAND	Zip Code 0 290 9 . –		
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 <b>or</b>				
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 76 Ortolera Dr.				
City/Town Provederce	State RI	Zip Code 02909		
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				

FILED

MAY 27 2020

9:24

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY N7HDG

6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other	t limited to, any limitation o	of the purpose(s) or duration for	which the limited liability	
	·	Check this b	ox to indicate attachment	
7. The Limited Liability Company	is to be managed by:		·	
You <b>MUST</b> check one box: Its member(s) (If you have c	hecked this box, skip to Se	ection 8. <b>Do not</b> fill out the char	t 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		<u> </u>	
		* .		
•			·	
<del>,</del>				
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY				
Date received (Upon filing)				
Later effective date (Date mi	ust be no more than 90 day	ys from the date of filing)		
Under penalty of perjury, I declare accompanying attachments, and			zation, including any	
Name of Authorized Person	Addı			
anthony W	Correpción	76 October 1	fr.	
City/Town Providere	Correpción	State  RI	Zip Code 0 2.90 9.—	
Signature of Authorized Person			Date 5/27/2020	

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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:

May 27, 2020 09:24 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

