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RI. DEPT, OF STATE BUS SIVES DIV



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

1;2020 OCT 23 ₱ 1:20

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

STAMP

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:				
Onpoint Protection Solutions LC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Pau Michael Young Street Address (NOT a P.O. Box)				
7A Rego Road				
City/Town J	State	Zip Code		
Middletourn	RHODE ISLAND	02842		
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:				
Not Yet Determine				
City/Town	State	Zip Code		
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 Section 6 of these Articles of Organization.				

MAIL TO:

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

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

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6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other	t limited to, any limitation	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/MUST check one box Its member(s) (If you have c	hecked this box, skip to S	ection 8. Do not 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		_
Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date mu	ust be no more than 90 da	ays from the date of filing) <u>N</u> oປ.	,02 2020
Under penalty of perjury, I declare accompanying attachments, and			zation, including any
Name of Authorized Person	Add	dress	<u>-</u>
Paul M. Young		7A Rego Road	
City/Town		State	Zip Code
Middletown		RI	02842
Signature of Authorized Person		"	Date
Saul Veux	ON DOCUMENT HERE		Oct 23 2020

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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:

October 23, 2020 01:20 PM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

