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R.I. DEPT. OF STATE BUS SVCS DIV



State of Rhode island

Department of State - Business Services Division

· 2020 NOV 0 P 2: 26

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the following Articles of Orgathe limited liability company to be accepted baseling.	nization are adopted for			
the limited liability company to be organized hereby:				
The name of the limited liability company is:				
Richard Investments LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Richard A. Lora				
Street Address (NOT a P.O. Box) 98 Track St. Apt. 1				
CityTown Pronce	State RHODE ISLAND	Zip Code 02905		
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				
98 Trask St. Apt. 1				
City/Town	State	Zip Code		
Providence	Rhode Island	02905		
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL 7-16, unless a 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 FILED

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6. Additional provisions, if any, r of Organization, Including, but n company is formed, and any oth	not consistent with law, vot lot limited to, any limitati ner provision which may	which the member(s) elect to have ion of the purpose(s) or duration for the included in an operating agree	set forth in these Articles or which the limited liability ement:	
<u> </u>				
		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	o Section 8. Do not fill out the cha	art holow \	
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 Or	I ganization will be effect	ive: CHECK ONE BOX ONLY		
Date received (Upon filing)				
Later effective date (Date mu	ist he no more than 90 c	dave from the date of Eliza		
Under penalty of perjury, I declare accompanying attachments, and	that all statements cont	examined these Articles of Organi ained herein are true and correct.	zation, including any	
ame of Authorized Person Address				
	chard A. Lora 98 Trask Stneet Apt. #		r Apt.#1	
City/Town		State	Zip Code	
Providence		Rhocle Island	02905	
Signature of Authorized Person	211		Date	
FULLION A JU			NOV.10,2020	

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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:

November 10, 2020 02:26 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

