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State of Rhode Island

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

2020 NOV 23 P 2: 07

**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 Organization are adopted for the limited liability company to be organized hereby:				
1. The name of the limited liability company is: Georgina Thansfurfution LLC				
The name and address of the initial resident agent/office in Rhode Island is:				
Nathanael A Lopez				
Street Address (NOT a P.O. Box) 44 Althou St.				
Providence	State RHODE ISLAND	Zip Code 0 2 9 0 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 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 44 Althew St.				
Providena	State PI	Zip Code 0 7909		
<ol> <li>The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u>, unless a Section 6 of these Articles of Organization.</li> </ol>	awful business, and shall ha more limited purpose or du	ive nemetual existence		

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

FORM 400 - Revised 08/2020

6. Additional provisions, if any, not consistent 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 h	pox to indicate attachment	
7. The Limited Liability Company	is to be managed by:	Officer this t	oox to indicate attachment	
Yo i MUST check one box:	<u> </u>	Section 8. Do not fill out the cha	rt 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		<del></del>	
Nathanael A Lopez	44 Althen	st. providence K	't 07904	
			<del>-</del>	
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) 02/01/707/				
Under penalty of perjury, I declare accompanying attachments, and	and affirm that I have e that all statements conta	xamined these Articles of Organi ined herein are true and correct.	zation, including any	
Name of Authorized Person	Ac	194 Althau 5t.		
Nathanaul 19 Lopez		99 RITHER ST.		
City/Town		State 0 m	Zip Code	
frovidence		FI	07909	
Signature of Authorized Person	<i></i>		11/23 /2020	
<del></del>	<del></del>			

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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 23, 2020 02:07 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

