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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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:						
The name of the limited liability company is:						
EMQ TRANSPORT LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Name Emanuel marrero Quintero						
Street Address (NOT a P.O. Box) 494 woonasquatucket ave #104						
City/Town North providence	State RHODE ISLAND	Zip Code 02911				
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						
4. The address of the principal office of the limited liability company if it is determined at the time of organization:						
Street Address 494 woonasquatucket ave #104						
City/Town North providence	State RI	Zip Code 02911				
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL <u>7-16</u> , 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 previsions, 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 persose(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 b	oox 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 ONLY ONE BOX					
Date received (Upon filing)					
■ Later effective date (Date must be no more than 30 days from the day 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					
Emanuel marrero quintero 494 wo		voonasquatucket ave #104			
City/Town			State	Zip Code	
North providence		Ri	0291		
Signature of Authorized Person	GN DECTMENT	- T	5	Date 12/3/2020	
			<u>/</u>		

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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:

December 03, 2020 04:06 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

