RI SOS Filing Number: 202080249070 Date: 12/16/2020 2:10:00 PM

State of Rhode Island Department of State - Business Services Division	on			
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00	~ .	REG R.I. DEP BUS S		
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for	SUCS DIA		
1. The name of the limited liability company is:		E I		
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name OSQ9ie Itetiq				
Street Address (NOT a P.O. Box) 185 VERMONT AVENUE				
city/Town Providence	State RHODE ISLAND	Z ip 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 185 Vermont Avenue				
City/Town Providence	State Ll	Zip Code 029.05		
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.	awful business, and shall ha more limited purpose or du	ave perpetual existence ration is set forth in		

MAIL TO:

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

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

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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 box to indicate attachment	
7. The Limited Liability Company is to be managed by:				
You MUST check one box: Its member(s) (If you have	e checked this box, skip	to Section 8. Do not fi	l 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	ADDRESS		
Osagie Itetia	185 Vermont Avenue, Providence, 21 02905			
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)				
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				
Osagie Itet	tia 185 vermont Avenue			
City/Town		State	Zip Code	
Providence		P1	02905	
Signature of Authorized Person			Date	
ae.			12/16/2020	

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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:

December 16, 2020 02:10 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

