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State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE

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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:					
VATINA LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name MR FEYITIMI CLUWAREMI					
Street Address (NOT a P.O. Box) 184 Argol St					
City/Town Pawtucket	State RHODE ISLAND	Zip Code 02860			
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 184 Argol Street					
Paw fuclcet	State RI	Zip Code 02860			
 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. 	awful business, and shall ha more limited purpose or du	ive perpetual existence ration is set forth in			

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

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 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 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					
FEYITIMI OLUWAREMI	79, GENERA	th S	ST. PROVIDENCE	02904 RI		
ADEDIRE TO ODELABU	79, GENERAL ST. PROVIDENCE 02904 RI 184, Argol St. PANTUCKET 02860 RI					
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						
FEYITIMI OLUWAREMI 79, GENTRAL ST. PROVIDENCE 02904						
City/Town		St	tate	Zip Code		
PROVIDENCE			RI	02904		
Signature of Authorized Person	1118 /2			Date 12 21 /2020		
Office.						

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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 21, 2020 04:04 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

