

## **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 he limited liability company to be organized hereby:					
1. The name of the limited liability company is:					
PAT&PATRICE LLC					
2. The name and address of the initial resident agent/office in Rhode	Island is:				
Agent Name PATRICE WALLACE					
Street Address ( <u>NOT</u> a P.O. Box) 122 BRIDGHAM ST					
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02909			
3. Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of	operating agreement made federal income taxation as	or intended to be made, (CHECK ONE BOX):			
partnership <b>or</b>					
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	e of organization:			
Street Address 122 BRIDGHAM ST					
City/Town PROVIDENCE	State RI	Zip Code 02909			
5. The limited liability company has the purpose of engaging in any luntil 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	ave perpetual existence iration 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 FEB **0 5** 2021

BY CM U35VC.

<ol> <li>Additional provisions, if any, not Organization, including, but no company is formed, and any other.</li> <li>The Limited Liability Company</li> </ol>	ot limited to, any limitation of the provision which may	on of the purp	ose(s) or duration for v	which the limited liability	
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	ADDRESS			
	<del> </del>				
Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY					
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			
PATRICE WALLACE		122 BRIDGHAM ST			
City/Town		State		Zip Code	
PROVIDENCE	•	RI		02909	
Signature of Authorized Person  Patrice Wallace		Date 2 - 1 - 2021			