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State of Rhode Island

Department of State - Business Services Division

CEDELVED R.I. DEPT. OF STATE BUS SYOS DIV

Articles of OrganizationDOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

2021 FEB 26 AHTI \$51P

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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:					
J. Berchem Services LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name John Berchem					
Street Address (NOT a P.O. Box)					
273 Mishnock Rd					
City/Town	State	Zip Code			
West Greenwich	RHODE ISLAND	02817			
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 273 Mishnock Rd					
City/Town (State	Zip Code			
West Greenwich	KL	02817			
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a more limited purpose or duration is set forth in 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 M STAMP FEB 26 2021 BY CM DM3J8

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Additional provisions, if any, no of Organization, including, but no company is formed, and any othe	t limited to, any limita	tion of the pu	rpose(s) or duration for	which the limited liability	
			Check this b	ox to indicate attachment	
7. The Limited Liability Company	is to be managed by		<u> </u>		
You MUST check one box: Its member(s) (If you have c	hecked this box, skip	to Section 8.	Do not fill out the char	t 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				
			,		
	<u> </u>				
	:		·	I -	
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY					
Date received (Upon filing)					
Later effective date (Date mu	ust be no more than 9	0 days from t	he date of filing) Ac	pril 1,2021	
Under penalty of perjury, I declare accompanying attachments, and i				zation, including any	
Name of Authorized Person		Address	· · · · · · · · · · · · · · · · · · ·	.	
John Berche	m	273	Mishnock	Rd	
City/Town		State		Zip Code	
West Greenwich		6	(工.	T1860	
Signature of Authorized Person		•		Date	
(du M asiehen			2/24/21		

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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:

February 26, 2021 11:51 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

