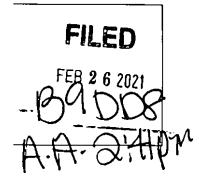
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State of Rhode Island Department of State - Business Services Divisi	on	NECE VED DEPT. OF STATE SUS SVCS DIV				
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00	2021 F	EB 26 PH 2:41				
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	inization are adopted for					
1. The name of the limited liability company is: AOG TRANSPORTATION, LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name AMADOU GAYE						
Street Address (<u>NOT</u> a P.O. Box) 3 ORLEANS STREET						
City/Town JOHNSTON	State RHODE ISLAND	Zip Code 02919				
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 3 ORLEANS STREET						
City/Town JOHNSTON	State RI	Zip Code 02919				
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.	wful business, and shall ha more limited purpose or du	ve 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



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					
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 Addre		iress				
AMADOU GAYE 3 OR		RLEANS STREET				
City/Town	· ·		State	Zip Code		
JOHNSTON		RI	02919			
Signature of Authorized Person		Date				
			02/26/2021			

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

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 02:41 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

