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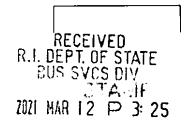
State of Rhode Island

## **Department of State - Business Services Division**

## **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:						
KCUSTOMS LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name KOMBEH CEESAY						
Street Address (NOT a P.O. Box) 23 PRIMROSE 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 <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 of organization:						
Street Address 23 PRIMROSE ST						
City/Town PAWTUCKET	State RHODE ISLAND	Zip Code 02860				
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

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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 be	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 Addr		Addre	ddress			
KOMBEH CEESAY 23 P.		23 PR	3 PRIMROSE ST			
City/Town			State		Zip Code	
PAWTUCKET			RI		02860	
Signature of Authorized Person		Date				
Kany			03/12/2021			

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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:

March 12, 2021 03:25 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

