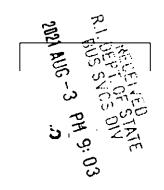


Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00



| Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organited liability company to be organized hereby: | anization are adopted for | |
|---|---|---|
| The name of the limited liability company is: | | |
| Walt's Home Services LLC | | |
| 2. The name and address of the initial resident agent/office in Rhode | e Island is: | |
| Agent Name Walter Norgeot | • | |
| Street Address (NOT a P.O. Box) 91 HIGH STREET | · <u></u> | |
| City/Town HOPKINTON | State RHODE ISLAND | Zip Code 02804 |
| 3. Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of | | |
| 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 | e of organization: |
| Street Address 91 HIGH STREET | | |
| City/Town HOPKINTON | State RI | Zip Code 02804 |
| 5. The limited liability company has the purpose of engaging in any until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization. | lawful business, and shall he a more limited purpose or de | ave perpetual existence uration 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

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|--|---------------------------------------|---------------------------------------|--|-------------|
| Additional provisions, if any, of Organization, including, but company is formed, and any of | not limited to, any limita | tion of the purpose(s) | elect to have set forth in these Articles or duration for which the limited liability erating agreement: | |
| | | - | | |
| | | | | |
| | | | _ | _ |
| | · · · · · · · · · · · · · · · · · · · | | Check this box to indicate attachment | <u>_</u> |
| 7. The Limited Liability Compar | ny is to be managed by: | <u> </u> | | |
| You MUST check one box: Its member(s) (If you have | checked this box, skip | to Section 8. Do not | ill out the chart below.) | |
| One (1) or more manager of Organization, state the r | | | er(s) at the time of the filing of these Article | ? \$ |
| MANAGER | ADDRESS | | | |
| | | | | |
| | | | | |
| | | | | |
| | | <u> </u> | | |
| 8. Date when these Articles of 0 | L Organization will be effe | ective: CHECK ONE B | OX ONLY | |
| ✓ Date received (Upon filing) |) | | • | |
| Later effective date (Date | | · · · · · · · · · · · · · · · · · · · | | _ |
| accompanying attachments, an | | ntained herein are tru | cles of Organization, including any e and correct. | |
| | | Address 91 High Street | | |
| City/Town Hopkinton | | State RI | Zip Code 02804 | |
| Signature of Authorized Person | rglot | I | Date 7/13/2021 | _ |