

R.I. DEPT. OF STATE BUS SVCS DIV

2021 AUG 25 AM 10: 23

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

he limited liability company to be organized hereby: 1. The name of the limited liability company is:					
LIAM HAYES CONSTR	uction AND	PAVING L			
2. The name and address of the initial resident agent/office in Rhode	e Island is:				
Agent Name . A M HAYES					
Street Address (NOT a P.O. Box) 1302 G EAST MAIN ILI)					
City/Town Purtsmouth	State RHODE ISLAND	Zip Code 0 3 8 7 1			
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 or					
partnership of					
a corporation or					
— · · · · · · · · · · · · · · · · · · ·					
a corporation or disregarded as an entity separate from its member(s)	if it is determined at the time	e of organization:			
a corporation or		e of organization:			
a corporation or disregarded as an entity separate from its member(s) 4. The address of the principal office of the limited liability company.		zip Code			

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

AUG 2 5 2021

W AGHFF

10.23

6 Additional provisions if any ne	at consistent with In		- 41			
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 th	nis box to indicate attachment	
7. The Limited Liability Company	is to be managed b	by:				
You MUST check one box: Its member(s) (If you have c	hecked this box, sk	ip to Se	ction 8. Do	not fill out the	chart below.)	
of Organization, state the nar	(If the limited liabil me and address of	ity comp each ma	any has ma anager belo	anager(s) at the w.)	e time of the filing of these Articles	
MANAGER	ADDRESS	<u> </u>	.			
LiAM HAYES	1302 (5 E	PAST	MAIN	10, Pertutt, RE	
					15871	
8. Date when these Articles of Organic	ganization will be ef	fective:	CHECK O	NE BOX ONLY		
Date received (Upon filing)						
Later effective date (Date mu	ist be no more than	vsh 09 i	s from the c	late of filing)		
Under penalty of perjury, I declare					ranization including any	
accompanying attachments, and i	hat all statements	containe	d herein ar	e true and corre	ect.	
Name of Authorized Person		Addre		-		
LIAM HAY	ES	1/3	0) 6	EAST.	MAL NN	
City/Town			State		Zıp Code	
Portsmuth			ΛZ		15860	
Signature of Authorized Person					Date /	
dun H	2				8/25/201	