

State of Rhode Island

Department of State - Business Services Division

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2021 AUG 27 P 4: 06

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

the limited liability company to be organized hereby	inization are adopted for				
The name of the limited liability company is:		-			
DEMONOCO TREE + STUMD SERVICE L					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name Street Address (NOT a P.O. Box) City/Town TO HE ICAD Agent Name To HE ICAD Agent Name					
Street Address (NOT a P.O. Box)					
167 (reenville	HUR JOHSTI	in ICI			
City/Town	State	Zip Code			
30471071	KHODE ISLAND	00514			
 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 162 Green ville HVP					
City/Town	State	Zip Code			
JoHston		102915			
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.	зwful business, and shall ha more limited purpose or du	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 AUG 27 2021

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Additional provisions, if any, no of Organization, including, but no company is formed, and any other.	ot limited to, any limita	ation of the purpose(s) or du	to have set forth in these Articles ration for which the limited liability ng agreement:	
		Cho	eck this box to indicate attachment	
7. The Limited Liability Company	is to be managed by	·		
You MUST check one box: Its member(s) (If you have o	checked this box, skip	to Section 8. Do not fill ou	t the chart below.)	
One (1) or more manager(s of Organization, state the na) (If the limited liability me and address of ea	company has manager(s) ach manager below.)	at the time of the filing of these Articles	
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 declar accompanying attachments, and	e and affirm that I hav that all statements co	re examined these Articles on tained herein are true and	of Organization, including any I correct	
Name of Authorized Person		Address		
	Aro	762 Gree	nville Ave	
City/Town	-	State	Zıp Code	
JoHnston	RI	ILI	02519	
Signature of Authorized Person			Date	
Denk	war		6/27/21	
/			•	