State of Rhode Island

Department of State - Business Services Division

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2021 SEP -3 P 3: 20

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:						
GRACE RIDES LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name BENTAMIN F. AJOBITHE AJOBIEWE						
Street Address (NOT a P.O. Box) 102 DOUGLES AVENUE						
City/Town Project State State RHODE ISLAND 2908						
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 202, DOUGIAS AVENUE						
City/Town State Zip Code PI 02908						
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.n.gov SEP 0 3 2021 BY CM FK32 C

C. Additional acceptance of						
 Additional provisions, if any, n of Organization, including, but no company is formed, and any oth 	ot limited to, any limitation	on of the purpose(s) or a	duration for wh	rich the limite	e Articles ed liability	
		C	heck this box	to indicate at	tachment 🔲	
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 o	out the chart be	elow.)	_	
One (1) or more manager(s of Organization, state the na) (If the limited fiability c me and address of eac	ompany has manager(s h manager below.)	s) at the time o	f the filing of	these Articles	
MANAGER	ADDRESS					
BENJAMIN F AJURIO	WE #32,	M FREGATI	57: Pt	and IN 4	CET 02860	
		III Freigh	it St	Paw	tucket	
8. Date when these Articles of Or	ganization will be effect	ive: CHECK ONE BOX	ONLY			
Date received (Upon filing)			•			
Later effective date (Date mi	ust be no more than 90	days from the date of fil	ling)			
Under penalty of perjury, I declar accompanying attachments, and	e and affirm that I have that all statements cont	examined these Articles ained herein are true ar	s of Organization	on, including	any	
Name of Authorized Person	Derivie A	Address #32, 111	72516	HI RT	P 2	
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City/Town		State	- -	Code	·	
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Signature of Authorized Person		-	Da		,	
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7	<i>Y</i>				<u></u>	
1 2 20 2	GINA M TREML	· -				

GINA M TREML NOTARY PUBLIC STATE OF RHODE ISLAND MY COMM EXPIRES JANUARY 30, 2022

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RI SOS Filing Number: 202100915680 Date: 9/3/2021 3:20:00 PM



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:

September 03, 2021 03:20 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

