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State of Rhode Island

**Department of State - Business Services Division** 

2021 NOV 22 P 3: 08

## **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 Orgathe limited liability company to be organized hereby:	nization are adopted for	
The name of the timited liability company is:	· · · · · · · · · · · · · · · · · · ·	
Kerry Travel LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name (1) Hem		
Street Address (NOT a P.O. Box) 208 Moto Confe	r Blod (Suite	) 109
City/Town Warwich	State RHODE ISLAND	Zip Code
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	<u> </u>	
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		5 01 01ga
City/Town	State	Zip Code
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.	wful business, and shall ha more limited purpose or du	ave perpetual existence iration 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 FILED

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6 Additional provinces if any pa	A consistent with the second s	
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 othe	er provision which may be included in an operating agreement:	
	Check this box to indicate attachment	
7. The Limited Liability Company		
You MUST check one box:	hocked this how elvin to Costing D. Donat Fill and J.	
/	hecked 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	
Glory tems	2168 Motro Center Blad Suite 109	
	Warwick, 17 0288/0	
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 Rerson	Address	
( Jon tems	2168 Metro Conter Blvd Suite 10	
City/Town	State Zip Code	
<i>Manuick</i>	HI 102186	
Signature of Authorized Person Date		
(/\//i/) -x	11/22/2021	

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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:

November 22, 2021 03:08 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

