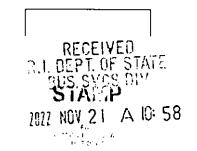
RI SOS Filing Number: 202224796440 Date: 11/21/2022 10:58:00 AM



## **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 fiability company is:				
ABreu construction 2LC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name WILB	el R ABre	 :U		
Street Address (NOT a P.O. Box)				
129 oakland are I				
City/Town Providence	State RHODE ISLAND	Zip Code () 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				
129 parland are #3				
City/Town	State	Zip Code		
Provi dence	FI.	02908		
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.	awful business, and shall ha more limited purpose or du	ive perpetual existence ration 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 1658 NOV 21 2022 BY M3 HIZMED

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:				
General const	rue two			
,				
		Check this b	ox to indicate attachment	
7. The Limited Liability Company	is to be managed by:			
You <b>MUST</b> check one box:  Its member(s) (If you have checked this box, skip to Section 8. <b>Do not</b> 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			
		<del></del>		
		<u> </u>	· · · · ·	
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 Person Address				
WILBEI R ABrev 129 Oakland ove #3				
City/Town		State	Zıp Code	
Providence		PI	02908	
Signature of Authorized Person			Date	
Te hujing		>	11-21-22	

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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 21, 2022 10:58 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

