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Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby.	anization are adopted for						
1. The name of the limited liability company is: Tienda Y Variedades tipico la	· Bendicion	164 C ·					
The name and address of the initial resident agent/office in Rhode Island is.							
Maria Marirela mendez							
Street Address (NOT a P.O. Box)							
634 Harrord ave							
City/Town	State	Zip Code					
Providence	RHODE ISLAND	02909					
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	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 334 Har Ford ave							
City/Town	State	Zip Code					
Providence	RI	02909					
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.	awful business, and shall ha more limited purpose or du	ave 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 STAIN?
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10:35

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 this t	oox to indicate attachment			
7. The Limited Liability Company	is to be managed by:					
You MUST check one box: Kill Its member(s) (If you have one of the control of th	checked this box, skip to S	Section 8. Do not fill out the cha	rt below.)			
l <u> </u>		npany has manager(s) at the tin				
of Organization, state the na	me and address of each r	manager below.)	v			
MANAGER	ADDRESS					
	 	·				
		<u> </u>	<u> </u>			
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY						
Date received (Upon filing)						
Later effective date (Date m	ust be no more than 90 da	ays from the date of filing)	·			
Under penalty of perjury, I declar accompanying attachments, and						
Name of Authorized Person	Add	dress				
Rolando Lope	2 5	lo Farmin	iton ave			
City/Town		State	Zip Code			
Providence		RT	07909			
Signature of Authorized Person			Date			
Protes do Am			1-10-23			

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I, GREGG M. AMORE, 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:

January 10, 2023 10:35 AM

Gregg M. Amore
Secretary of State

Tregs M. Coure

