

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:	anization are adopted for		
1. The name of the limited liability company is:			
Manni Fresh Suites LLC	•		
2. The name and address of the initial resident agent/office in Rhode	tsland is		
Agent Name Munuel Anyel Jimenez	Morales		
Street Address (NOT a P.O. Box) 69 Burrows Street.			
City/Town Providence	State RHODE ISLAND	Zip Code 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			
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 1481 Atward Auc Unit			
City/Town Johnston	State P.I	Zip Code 02919	
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL 7-16, 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 Services148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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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	pox to indicate attachment	
7. The Limited Liability Company is to be managed by:	<u> </u>		
You MUST check one box: Its member(s) (If you have checked this box, skip to S	ection 8. Do not fill out the cha	rt below.)	
Done (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			
1	_	-	
-			
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 penury, I declare and affirm that I have exaccompanying attachments, and that all statements contain	amined these Articles of Organi ned herein are true and correct.	zation, including any	
Name of Authorized Person Add	ress		
Manuel Angel Jimenez Movales 6	9 Burrows Street	4	
City/Town	State	Zip Code	
Prividence	R.F	02909	
Signature of Authorized Person		Date	
Mul L		1-10-23	