

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

RECEIVEDWIP R.I. DEPT. OF STATE BUS SVCS DIV

2023 JAN 25 A 8: 53.

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for			
The name of the limited liability company is:		,		
Cher Tarik Confany L.L.C.				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Tarih Roctiques				
Street Address (NOT a P.O. Box)				
L 64 Foch Ave				
City/Town Providence	State RHODE ISLAND	Zip Code 029 cH		
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 64 Fach Ave				
City/Town Providence	State	Zip Code 029CH		
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.				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

JAN 25 2023

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	ot limited to, any limita	ition of the purpose(s) or o	ct to have set forth in these Articles duration for which the limited liability ting agreement:
			heck this box to indicate attachment
7. The Limited Liability Company	is to be managed by:		
You MUST check one box: V Its member(s) (If you have to	checked this box, skip	to Section 8. Do not fill o	out the chart below.)
One (1) or more manager(s of Organization, state the na			s) at the time of the filing of these Articles
MANAGER	ADDRESS		
8. Date when these Articles of O	rganization will be effe	ective: CHECK ONE BOX	ONLY
Date received (Upon filing)			
Later effective date (Date m		•	
Under penalty of perjury, I declar accompanying attachments, and		ontained herein are true a	
Name of Authorized Person		Address	
Tarik Rodric	ues	164 Fach Av	C
City/Town	,	State	Zip Code
Providence		RT	02904
Signature of Authorized Person			Date /
4,7-1	>		1/25/2023