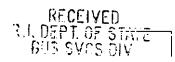
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Articles of Organization
DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for	L		
The name of the limited liability company is:				
L & R CLEANING SERVICES LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name DORA LOPEZ				
Street Address (NOT a P.O. Box) 17 NEWPORT AVE APT 2				
City/Town NEWPORT	State RHODE ISLAND	Zip Code 02840		
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 17 NEWPORT AVE APT 2				
City/Town NEWPORT	State RI	Zip Code 02840		
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	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 FEB 1 5 2023 8 X BY ML 99 78 X

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	box to indicate attachment	
7. The Limited Liability Company is to be managed by:				
You MUST check one box: Its member(s) (If you have checked this	s box, skip to Se	ction 8. Do not fill out the cha	art 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	<u>S</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.				
lame of Authorized Person Address				
DORA LOPEZ	17 N	17 NEWPORT AVE APT 2		
City/Town		State	Zip Code	
NEWPORT		RI	02840	
Signature of Auttorized Person			Date	
X Delta			2/15/2023	

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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:

February 15, 2023 10:33 AM

Gregg M. Amore

Secretary of State

Tregs M. Coure

