

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:	nization are adopted for			
The name of the limited liability company is:	·			
FENCE GOODS LLC				
2. The name and address of the initial resident agent/office in Rhode	Island is:			
Agent Name MARK GOSSOUN	-			
Street Address (NOT a P.O. Box)		-		
120 BICK STOIR DR				
City/Town	State	Zip Code		
10000 50CKC-1	RHODE ISLAND	102845		
 Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of 	pperating agreement made federal income taxation as	or intended to be made, (CHECK ONE BOX):		
partnership or	<u>. </u>			
a corporation or				
disregarded as an entity separate from its member(s)				
4. The address of the principal office of the limited liability company, i	f it is determined at the time	e of organization:		
Street Address 120 Blue Stone DR				
City/Town	State	Zip Code		
LOCONSUCIRET	KL	02845		
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 tration 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

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of Organization, includ	s, if any, not consistent with law, which the member(s) elect to have set forth in these Article ling, but not limited to, any limitation of the purpose(s) or duration for which the limited liabiled any other provision which may be included in an operating agreement:
•	
	Check this box to indicate attachme
7. The Limited Liability	Check this box to indicate attachmet Company is to be managed by:
You MUST check one	Company is to be managed by:
You MUST check one Its member(s) (If One (1) or more r	Company is to be managed by:
You MOST check one Its member(s) (If One (1) or more r	Company is to be managed by: box: you have checked this box, skip to Section 8. Do not fill out the chart below.) manager(s) (If the limited liability company has manager(s) at the time of the filing of these A

R	Date when these	Articlae of	Organization	مط النب	offoctive:	CHECK	ONE BOY	ONLY
٥.	Date When these	ALLICIES OF	Organization	will be	enective.	CHECK	OHE BOX	ONLI

Date received (Upon filing)	
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Later effective date (Date must be no more than 90 days from the date of filing)

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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

MARY GOSSELIN 120 GURSTONE DO CITY/Town State Zip Code

Signature of Authorized Person

Date

ignature of Authorized Person

Date