

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

2023 APR -4 AH 8:45P

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			
The name of the limited liability company is:				
DARK HOLLOW SCREEN PRINTING LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Zobeet Briss				
Street Address (NOT a P.O. Box) 981 Tro Rod Road				
City/Town Exeter	State RHODE ISLAND	Zip Code		
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 981 Fen Rod Road				
City/Town Exetce	State R±	Zip Code		
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a more limited purpose or duration is set forth in 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 FILED STAMP

BY POTOH AN

FORM 400 - Revised: 12/2021

3			4 forth in those Articles	
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 bo	x to indicate attachment	
7. The Limited Liability Company	y is to be managed by:			
You MUST check one box: Its member(s) (If you have	checked this box, skip to	Section 8. Do not fill out the chart	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			
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.				
Name of Authorized Person	/ /	Address		
Lobert Bri	[4]22 T	981 Ten Rod KI	Zip Code	
City/Town			(000	
Exetea		RT	02822	
Signature of Authorized Person	11		Date / 21/22	
1//1/	///		5/51/45	
	///			