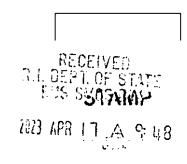
RI SOS Filing Number: 202333106930 Date: 4/17/2023 9:48:00 AM



Articles of Organization

DOMESTIC Limited Liability Company

 \rightarrow Filing Fee: \$150.00



Pursuant to the provisions of RIGL <u>7-16,</u> the following Articles of Organization are adopted for the limited liability company to be organized hereby:					
1. The name of the limited liability company is: A'S cons	struction LLC.				
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name ANIEL JIMENEZ Street Address (NOT a P.O. Box) 76 Sackett St					
Street Address (<u>NOT</u> a P.O. Box)					
76 Sackett St		·			
I City/ Iown	State	Zip Code			
Prou	RHODE ISLAND	02907			
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					
சி 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 76 Sqc kett St City/Town					
- City/ 104411	State	Zip Code			
Prov	R.I.	02907			
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.					

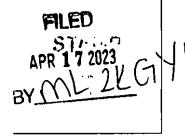
MAIL TO:

Division of Business Services

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

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

q:48



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 I	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 o	checked this box, skip	to Se	ection 8. Do not fill out the cha	irt below.)	
✓ 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 O	<u></u>	ective	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.					
		·	Address		
1 7	_		7 - 1.11	cl	
City/Town	167		76 Sackett	S+ Zip Code	
_			Clate	2ip 000e	
Prov			RI.	02907	
Signature of Authorized Person		-	Date		
			4-17-2023		
The state of the s					

RI SOS Filing Number: 202333106930 Date: 4/17/2023 9:48:00 AM



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:

April 17, 2023 09:48 AM

Gregg M. Amore

Secretary of State

Tregs M. Coure

