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## **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 Organization are adopted for				
the limited liability company to be organized hereby:				
1. The name of the limited liability company is:				
Alvarez Maintenance Company 11C				
2. The name and address, of the initial resident agent/office in Rhode Island is:				
Agent Name TULIO ALVANEZ				
Street Address (NOT a P.O. Box) 77 Sylvian Street				
City/Town Central falls	State RHODE ISLAND	Zip Code 02863		
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 <b>or</b>				
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 77 Sylvian Street				
City/Town Central falls	State R I	Zip Code 02863		
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 MAY 0 4 2023 BY ML D4 H8 J 10:51

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 b	ox to indicate attachment	
7. The Limited Liability Company is to be managed by:				
You MUST check one box:  Its member(s) (If you have c	hecked this box, skip to Se	ection 8. <b>Do not</b> fill out the char	t 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	Addr			
Tulio Alvarez 77 Sylvian				
Central	falls	State R. I.	Zip Code 0 2863	
Signature of Authorized Person	110		Date	
7	tell		05/4/23	

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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:

May 04, 2023 10:51 AM

Gregg M. Amore Secretary of State

Treg M. Coure

