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State of Rhode Island

Department of State - Business Services Division

Articles of OrganizationDOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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2023 MAY 26 P 1: 25

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:			
ONTTRI ILC			
2. The name and address of the initial resident agent/office in Rhode Island is:			
Agent Name Michael Gomes	5		
Street Address (NOT a P.O. Box) 30 Messina Street			
City/Town Providence	State RHODE ISLAND	Zip Code 02908	
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 1417 Atwood Ave STE 9	ID		
City/Town Johnston	State Rhode Island	Zip Code 02908	
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.	wful business, and shall har more limited purpose or dur	ve 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 FILED

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BY POOMRE

of Organization, including, but i	not consistent with law, which the member(s) elect to have set forth in these Articles not limited to, any limitation of the purpose(s) or duration for which the limited liability her provision which may be included in an operating agreement:
	Check this box to indicate attachment
7. The Limited Liability Compar	ly 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.)
	(s) (If the limited liability company has manager(s) at the time of the filing of these Articles 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)
<u> </u>	must be no more than 90 days from the date of filing)
	are and affirm that I have examined these Articles of Organization, including any
	nd that all statements contained herein are true and correct.
Name of Authorized Person	Address
Michael Go	mes 30 Mossing St.
City/Town	State Zip Code
Providence	RT 02908
Signature of Authorized Person	Date Date
	M/ // 5/26/23

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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 26, 2023 01:25 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

