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State of Rhode Island

Department of State - Business Services Division

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Articles of OrganizationDOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

2023 JUN -6 P3:37

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:					
Magic sip LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name Keiry Lucian O					
Agent Name Keiry Lucian D Street Address (NOT a P.O. Box) 373 - Zlm St.					
City/Town Warwick	State RHODE ISLAND	Zip Code 0288			
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 1007 Broad St					
City/Town DWidena	State	Zip Code 02 9 05			
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 3:37

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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	pox to indicate attachment	
7. The Limited Liability Company	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				
Keiry Luciano	373 I	lmst. B	vabuic	K, R.F. 02889	
Keiry Luciano 373 Ilmst. Buarwick, R.F. 02889 Cristina Castillo 1007 Broad St. Providence, R.I. 0290					
				,	
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			
Keing Luciano 373 Flm. St			st		
City/Town		State		Zip Code	
warwick		R.	J	02880	
Signature of Authorized Person Date					
	<u> </u>			06/06/205	

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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:

June 06, 2023 03:37 PM

Gregg M. Amore Secretary of State

Treg M. Coure

