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State of Rhode Island Department of State - Business Services Division		RECEIVED R.I. DEPT. OF STATE
Articles of Organization		549516.97
DOMESTIC Limited Liability Company	20	123 JUN 12 JA
→ Filing Fee: \$150.00		023 JUN 12 A 10: 19
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:		
1. The name of the limited liability company is:		
JC Auto Service 11	C	
2. The name and address of the initial resident agent/office in Rhode	Island is:	
Agent Name JOSE V (ABREKA		
Street Address (NOT a P.O. Box)		
123 PUTNAM PIKE		
City/Town	State	Zip Code
JOHNSTON	RHODE ISLAND	02919
Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of		
partnership or		
The corporation or		
disregarded as an entity separate from its member(s)		
4. The address of the principal office of the limited liability company, i	if it is determined at the tim	e of organization:
Street Address 222 LANGDON St		
City/Town	State	Zip Code
PROVIDENCE	R·I	02904
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.		

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
JUN 1 2 2023	10 10
BA BETA	<u>† </u>

			Check th	nis box to indicate attachmen
7. The Limited Liability (Company is to be manage	ed by:		
You MUST check one b	ox:			·
Its member(s) (If ye	ou have checked this box	, skip to Section 8. Do	not fill out the	chart below.)
One (1) or more m of Organization, sta	anager(s) (If the limited lia te the name and address	ability company has m of each manager belo	anager(s) at the ow.)	e time of the filing of these Ar
MANAGER	ADDRESS			
Rosaly Jimene	E 222 L	ANGPON S-	PROVI	DENCE R. I 029
9. Data whan those Arti	cles of Organization will b	a offentive: CHECK O		,
<u> </u>			NE BUX UNLT	
Date received (Upd	on filing)			
Later effective date	(Date must be no more t	han 90 days from the	date of filing)	
	, I declare and affirm that ents, and that all stateme			
Name of Authorized Perso	n	Address		1
JOSEV	ABRERA	222 7	Anopon c	St
City/Town		State		Zip Code
PROVIDENCE		12	. · Ľ	02904
Signature of Authorized Pe	erson	•		Date
				6-12-202

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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 12, 2023 10:10 AM

Areg M. Couve

Gregg M. Amore Secretary of State

