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State of Rhode Island

Department of State - Business Services Division

RECEIVED RULL COUNTE

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:							
Oumy Niang & Filles LLC							
2. The name and address of the initial resident agent/office in Rhode Island is:							
Agent Name Marietou Louise Ndiaye							
Street Address (NOT a P.O. Box) 11 Frederick St							
City/Town North Providence	State RHODE ISLAND	Zip Code 02904					
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 11 Frederick St							
City/Town North Providence	State RI	Zip Code 02904					
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 FILED

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 box to ind	cate attachment		
7. The Limited Liability Company	is to be managed by.	-				
You MUST check one box:			<u></u>			
Its member(s) (If you have c	hecked this box, skip to	o Section 8. Do n e	ot 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 Or	ganization will be effec	tive: CHECK ONE	BOX ONLY			
✓ Date received (Upon filing)						
I have affective days (Days		and a constant of				
Later effective date (Date mu	ust be no more than 90	days from the da	te of filing)			
Under penalty of perjury, I declare accompanying attachments, and				cluding any		
Name of Authorized Person		Address				
Marietou Louise Ndiaye		11 Frederick St				
City/Town		State	Zip Code			
North Providence		RI	02904			
Signature of Authorized Person	_	Oate				
Hom		06/21/	2023			
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<i>j '</i>						

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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 21, 2023 03:15 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

