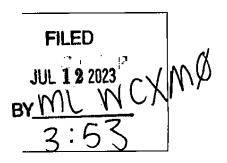
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State of Rhode Island Department of State - Business Services Division		EIVED	
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00	R.I. DEPT BUS S	OF STATE VCS DIVI <b>A</b> LSP 12 P. 3 53	
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organ the limited liability company to be organized hereby:	nization are adopted for		
1. The name of the limited liability company is: CLAY AND SONS SERVI	CES LLC	-	
2. The name and address of the initial resident agent/office in Rhode	Island is:		
Agent Name HENRY P. CLAY.			
Street Address (NOT a P.O. Box) 44 Superior St. Apt. 1			
City/Town Providence	State RHODE ISLAND	Zip Code 02907	
3. Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of	pperating agreement made of federal income taxation as	or intended to be made, (CHECK ONE BOX):	
partnership <b>or</b>			
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 44 Superior St. Apt.	1-		
City/Town Providence	State Rhode ISland	Zip Code D 7907	
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.	awful business, and shall ha	ive 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

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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 box to indicate attachment	
7. The Limited Liability Company		
You MUST check one box:		
Its member(s) (If you have checked this box, skip to Section 8. <b>Do not</b> 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	
 I		
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	
Henry P. Clay 44 Superior St. Apt. 1		
City/Town	State Zip Code	
Providence	Rhode Island 02907	
	Date Date	

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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:

July 12, 2023 03:53 PM

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Gregg M. Amore Secretary of State

