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Articles of Organization
DOMESTIC Limited Liability Company

→ Filling Fee: \$150.00

Pursuant to the provisions of RIGL 7-18, the following Artific limited fieldity company to be organized hereby:	ticles of Organization are adopted for	
1. The name of the limited flability company is:		•
N. Laudati Exca	evating, LLC	
2. The name and address of the initial resident egent/of	ffice in Rhode Island is:	
Agent Name Bruce A. Leach, Esq.		•
Street Address (NOT a P.O. Box) One Turks Head	Ptace Ste 450	
City/Town Providence	State RHODE ISLAND	Zip Code 02903
Under the terms of these Articles of Organization and the limited liability company is intended to be treated for the limited liability company is intended to be treated for the limited liability.	d any written operating agreement made or purposes of federal income taxation as	or intended to be made, (CHECK ONE BOX):
partnership or		
a corporation or disregarded as an entity separate from its r	member(s)	•
4. The address of the principal office of the limited liab	illy company, if it is determined at the tim	e of organization:
Street Address 47 Sunset Shore Drive		•
City/Town Narragansett	State Rhode Island	Zip Code 02882
5. The limited liability company has the purpose of enguntil dissolved or terminated in accordance with RIGL Section 8 of these Articles of Organization.	peging in any lawful business, and shall h 7-16, unless a more limited purpose or d	eve perputual existence uration is set forth in

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Webelle: www.sce.ri.gov FILED

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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 Compa	ny is to be managed by:			
You MUST check one box:	e checked this box, skip t	to Section 8. Do not fill out th	e chart below.)	
One (1) or more manager of Organization, state the	r(s) (If the limited liability (company has manager(s) at	the time of the filing of these Articles	
MANAGER	ADDRESS			
8. Date when these Articles of	Organization will be effe	ctive: CHECK ONE BOX ON	LY	
☑ Date received (Upon filing	g)			
Later effective date (Date	must be no more than 9	0 days from the date of filing		
Under penalty of perjury, I dec accompanying attachments, a	dare and affirm that I have and that all statements co	e examined these Articles of ntained herein are true and o	Organization, including any correct.	
Name of Authorized Person		Address		
Nicholas D. Laudati		47 Sunset Shore Drive		
City/Town		State	Zip Code	
Narragansett		Rhode Island	02882	
Signature of Authorized Person Pucch	oh Carlati		Oate 7/18/2023	

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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:

July 19, 2023 03:28 PM

Gregg M. Amore
Secretary of State

Tregs M. Coure

