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State of Rhode Island **Department of State - Business Services Division**

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2023 OCT -3 P 1: 28

Articles of OrganizationDOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 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:						
Band E Five Star Security LLC						
The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name						
Dianelli Gisel Ventura						
Street Address (NOT a P.O. Box)						
113 Pytnam Pike						
City/Town	State	Zip Code				
bhaston	RHODE ISLAND	02919				
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):						
a disregarded as an entity separate from its member (single member LLC)						
The partnership						
a corporation						
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:						
Street Address 113 Potram Pike						
City/Town	State	Zip Code				
Johnston	21	D2919				
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

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Additional provisions, if any, not consistent with of Organization, including, but not limited to, any company is formed, and any other provision whice	limitation	on of the purpose	(s) or duration fo	r which the limited liability		
			Check th	nis box to indicate attachment		
7. The Limited Liability Company is to be manage	ed by it	s:		<u> </u>		
You MUST check one box:	Ī			· · · · · · · · · · · · · · · · · · ·		
Members (Owners) DO NOT complete the chart below.	OR	Managers (Individuals hired by the members with no ownership interest) Complete the chart below.				
	N	IANAGER NAME		ADDRESS		
	1	Edward	Reyes	66 Dorcheser Ave Prov 21 02909		
Check this box to indicate attachment						
8. Date when these Articles of Organization will b	oe effec	tive: CHECK ON	E BOX ONLY			
Date received (Upon filing)						
Later effective date (Date must be no more than 90 days from the date of filing) Jan 1, 2024						
Under penalty of perjury, I declare and affirm that accompanying attachments, and that all stateme						
Name of Authorized Person	Α	ddress				
Bianelii Gisel Ventura 113 Pot nam Pine						
City/Town		State		Zip Code		
Johnston		RI		<u> ۱۹</u>		
Signature of Authorized Person				Date		
Binneles B Van	A			04 3 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:

October 03, 2023 01:28 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

