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2023 NOV ±6: 1 11

Articles of OrganizationDOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for			
1. The name of the limited liability company is: M and L Expert construction LCC				
2. The name and address of the initial resident agent/office in Rhode	Island i	6		
Agent Name				
Street Address (NOT a P.O. Box)				
Street Address (NOT a P.O. Box) 125 Carolina Auc City/Town	•			
City/Town	State	Zip Code		
Providence	RHODE ISLAND	02905		
 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)				
a 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				
125 cacolina Aul				
City/Town Providence	State P 7	Zip Code 02905		
5. The limited liability company has the purpose of engaging in any launtil 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

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:				
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		Charle thin h	to to disease obtained T	
7. The United Highlith Company in to be man		Check this d	ox to indicate attachment	
7. The Limited Liability Company is to be managed by its:				
You MUST check one box:				
Members (Owners)	OR	Manager(s). Comp	plete the chart below.	
DO NOT complete the chart below.				
	MANAGER(S) NAME	ADDRESS		
		Check this bo	x to indicate attachment	
8. Date when these Articles of Organization wi	ill be effective: CHEC	K 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			
Luis Rivera	125 ca	rojina Ave		
City/Town	State	Zip Code		
_				
Providence	KI	029	05	
Signature of Authorized Person		Date		
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