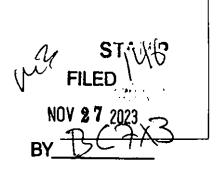
...\*

ż

State of Rhode Island Department of State - Business Services I		
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		CEIVED T. DF STATE SVCS DE TAMP 27 Psedictet bestate
Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of he limited liability company to be organized hereby:		
1. The name of the limited liability company is: LYCK-1 Stars LLC		
2. The name and address of the initial resident agent/office in	Rhode Island is:	
Agent Name		· ·
Street Address (NOT a P.O. Box) 52 Victoria AVE		
City/Town Cransfor	State RHODE ISLAND	Zip Code のてらて ひ
3. Under the terms of these Articles of Organization and any v the limited liability company is intended to be treated for purpo		
<ul> <li>a disregarded as an entity separate from its mem</li> <li>a partnership</li> <li>a corporation</li> </ul>	ber (single member LLC)	
4. The address of the principal office of the limited liability con	npany, if it is determined at the tim	e of organization:
Street Address		
City/Town	State	Zip Code
5. The limited liability company has the purpose of engaging in until dissolved or terminated in accordance with RIGL <u>7-16</u> , un 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:			
		Check this box to indicate attachment	
7. The Limited Liability Company is to be managed by its:			
You MUST check one box:			
Members (Owners) OR Manager(s). Complete the chart below.			
	MANAGER(S) NAME	ADDRESS	
Check this box to indicate attachment			
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) 01-01-24			
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			
Jocelyn Roig	32 1140	ia ave	
City/Town	State	Zip Code	
Cranston	RI	02920	
Signature of Authorized Person	-	Date	
1		11/22/22	

4

,\*

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:

November 27, 2023 01:46 PM

Treng M. Course

Gregg M. Amore Secretary of State

