

RECEIVED R.I. DEPT. OF STATE BUS SYCS DITAMP

2023 NOV 29 P 1303.

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of O the limited liability company to be organized hereby:	rganization are adopted for	
The name of the limited liability company is:		
Kelly's Amuzon Sei	vices LLC	
2. The name and address of the initial resident agent/office in Rh	ode Island is:	
Agent Name Brandon l. Kelly		
Street Address (NOT a P.O. Box) 727 A+wood A City/Town	ve. AP+.104	
City/Town Cranston	State RHODE ISLAND	Zip Code 02920
Under the terms of these Articles of Organization and any writt the limited liability company is intended to be treated for purpose		
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 compa	ny, if it is determined at the tim	ne of organization:
Street Address		
City/Town	State	Zip Code
5. The limited liability company has the purpose of engaging in ar until dissolved or terminated in accordance with RIGL 7-16, unles		

FILED

NOV 29 2023 57 A 1 17

BY DV XCV

A.A. 1:03 pm

MAIL TO:

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

Section 6 of these Articles of Organization.

Phone: (401) 222-3040 Website: www.sos.ri.gov

		<u> </u>	
6. Additional provisions, if any, not consistent	· ·		
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 man	naged by its:		
You MUST check one box:			
Mambau (Ourses)	OB	wasta). Campilate the about heless	
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 w	vill be effective: CHECK ONE BOX	ONLY	
CarDate received (Upon filing)			
$\frac{1}{2}$			
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 state		д соггест.	
Name of Authorized Person	Address		
Brandon e. Kelly 727 Atward Ave			
City/Town	State	Zip Code	
	I RT	61919	
Cranston		02920	
Signature of Authorized Person	1 ////n.	Date / /	
		11/30/2023	
191X C	ZUM)	1 11/2 1000	
		,	
	/ /		
	1 /		

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.