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State of Rhode Island

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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R.I. DEPT. OF STATESTAMP
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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			
The name of the limited liability company is:				
A&R HVAC LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Richard Ramirez				
Street Address (NOT a P.O. Box) 134 Bishop Hill Rd.				
City/Town Johnston	State RHODE ISLAND	Zip Code 02919		
 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 134 Bishop Hill Road.				
Johnston	State RI	Zip Code 02919		
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 Services148 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 of the purpose(s) or duration for which the limited liability
		Check this box to indicate attachment
7. The Limited Liability Company is to be manage	ed by its:	
You MUST check one box:		
Members (Owners) DO NOT complete the chart below	OR	Manager(s). Complete the chart below.
MA	ANAGER(S) NAME	ADDRESS
		Check this box to indicate attachment
8. Date when these Articles of Organization will b	e effective: CHECK ONE	BOX ONLY
ate received (Upon filing) Later effective date (Date must be no more)		\
Under penalty of perjury, I declare and affirm that accompanying attachments, and that all stateme	t I have examined these A nts contained herein are t	rticles of Organization, including any rue and correct.
Name of Authorized Person Richard Ramirez	dress 134 Bishof Johnston	P Hill Rd. , RI 02919
.Johnston	State RI	Zip Code 02919
Signature of Authorized Person	-	Date 12-01-2023

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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:

December 01, 2023 12:57 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

