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

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## **Articles of Organization**

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

The name of the limited liability company is:	-				
Hard Truthiz LLC					
2. The name and address of the initial resident agent/office	in Rhode Island is:	<del>-</del>			
Agent Name Edgar Castillo					
Street Address (NOT a P.O. Box) 24 5.6 bley 540et					
City/Town Providence	State RHODE ISLAND	Zip Code 02907			
3. Under the terms of these Articles of Organization and an the limited liability company is intended to be treated for pu					
a disregarded as an entity separate from its m	ember (single member LLC)				
a partnership  a corporation					
4. The address of the principal office of the limited liability of	company, if it is determined at the tir	ne of organization:			
Street Address					
	State	Zip Code			
City/Town	State	1			

MAIL TO:

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

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

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BY ML QX XIC

			<del></del>		
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 mana	ged by its:				
	——————————————————————————————————————		<del></del>		
You MUST check one box:					
N Marchary (Ourses)	OB		anaria). Camplete the short holow		
Members (Owners)  DO NOT complete the chart belo	OR ow	IVIai	nager(s). Complete the chart below.		
\	//ANAGER(S) I	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   202 년					
the description of a given by the first start to a second of the second					
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 A	Address	_			
Elane Contila	24	Sibley S	treet		
Edgar Castillo			·		
City/Town	State		Zip Code		
D					
Providence	KI		02907		
0:			D-4-		
Signature of Authorized Person			Date		
Edge Costiller			12108/23		

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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 08, 2023 02:55 PM

Gregg M. Amore Secretary of State

Treg M. Coure

