RI SOS Filing Number: 202444160450 Date: 1/18/2024 10:05:00 AM



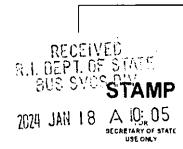
State of Rhode Island

Department of State - Business Services Division

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 Organization are adopted for the limited liability company to be organized hereby:					
1. The name of the limited liability company is:					
FEBA GENERAL SERVICE	LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name EMMANUEL AJAYI					
Street Address (NOT a P.O. Box) 110 RUSSO STREET					
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 029 04			
3. 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 10 MSSO STREET					
City/Town PRONDENCE	State R (Zip Code 02994			
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 Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 18 2024 BY YOUR DE

6. Additional provisions, if any, not inconsistent w				
of Organization, including, but not limited to, any company is formed, and any other provision which				
	•	·		
			Check this hay to indicate attachment	
7. The Limited Liability Company is to be manag	ed by its:		Check this box to indicate attachment	
You MUST check one box:				
Mombors (Owners)	OR	- Kunn	ger(s). Complete the chart below.	
Members (Owners) OR Manager(s). Complete the chart below.				
M	ANAGER(S) NAI	ME	ADDRESS	
			2~	
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· F	ATIMOH	OJUM	PROJUCE XI 02/04	
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 fro	m the date of fili	na)	
Under penalty of perjury, I declare and affirm tha	•			
accompanying attachments, and that all stateme	ents contained he			
Name of Authorized Person Ad	Idress			
EMMANUEZ KJAYI 111	o Russo	STREE	-7	
City/Town	State		Zip Code	
Providence	M		02984	
Signature of Authorized Person		:	Date	
Cumaw (- A.			1/18/2024	

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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:

January 18, 2024 10:05 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

