RI SOS Filing Number: 202446081320 Date: 2/9/2024 10:38:00 AM



State of Rhode Island

**Department of State - Business Services Division** 

REC'D RIDOS BSD 77

## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

Agent Name

Pursuant to the provisions of I the limited liability company to	RIGL 7-16, the following Articles of Organ be organized hereby:	ization are adopted for		
1. The name of the limited lia	bility company is:	•		
RI	SealCoating	LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:				

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 334 CaSt St

City/Town Cran Ston

State

**RHODE ISLAND** 

Zip Code 2920

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.

FILED

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10:38

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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

<u></u>					
6. Additional provisions, if any, not inconsistent 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:					
,	····-, -	• •	9 - 9		
			Check this box to indicate attachment		
7. The Limited Liability Company is to be manage	d by its:				
You MUST check one box:					
Members (Owners)  OR  DO NOT complete the chart below.  OR  Manager(s). Complete the chart below.					
MA	NAGER(S) NAM	E	ADDRESS		
		-			
			The state of the s		
			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)					
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 Add	ress	_			
Andrew Silva	<u> 334</u>	PaSt	·St.		
City/Town	State		Zip Code		
Cranston	RI		02920		
Signature of Authorized Person Date					
AX him			1-4-24		

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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:

February 09, 2024 10:38 AM

Gregg M. Amore

Treg M. Coure

Secretary of State

