

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for

ne limited liability company to be organized hereby:					
1. The name of the limited liability company is:	-				
RI Seal Coating	LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name	-				
Andrew Silva					
Street Address (NOT a P.O. Box) 334 East St.					
CityTown Ston RI	State RHODE ISLAND	Zip Code QQQQ			
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 RI	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.					

FEB 0 9 2024

FILED

MAIL TO:

Division of Business Services

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

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

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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:				
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			Check this box to indicate attachment	
7. The Limited Liability Company is to be managed by its:				
You MUST check one box:				
Members (Owners) OR DO NOT complete the chart below. 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	
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