Read Read	State of Rhode Island Department of State - Business Services Division
- 6-5	Department of State - Business Services Division

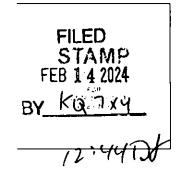
Articles of Organization DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Orga he limited liability company to be organized hereby:	nization are adopted for	L			
1. The name of the limited liability company is:					
HAUL-Y LLC					
2. The name and address of the initial resident agent/office in Rhode	Island is:				
Agent Name Miriam Aubert					
Street Address (<u>NOT</u> a P.O. Box) 415 Scituate Ave					
City/Town Cranston	State RHODE ISLAND	Zip Code 02921			
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 415 Scituate Ave					
City/Town Cranston	State RI	Zip Code 02921			
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



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:							
			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 Manager(s) Complete the chart below.							
	MANAGER(S) NA	ME	ADDRESS				
· · · · · · · · · · · · · · · · · · ·		C	heck this box to indicate attachment				
8. Date when these Articles of Organization v	will be effective: CH		DNLY				
✓ 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	Address		,				
Harley Y Schultz	415 Scituate Ave						
City/Town	State		Zip Code				
Cranston	RI		02921				
Signature of Authorited Person		Date					
$\mathcal{H}(\mathcal{C})$		02/12/2024					
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State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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 14, 2024 12:44 PM

Trey M. Coure

Gregg M. Amore Secretary of State

