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

REC'D RIDOS BSD '24 FEB 15 PH 1:25:08

## **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:	
The name of the limited liability company is:	
MIHARO SCIDI ITRANSPORTATION LLC	

MUTARO SEIDI YTRANSPORTATION	1.LLC			
2. The name and address of the initial resident agent/office in Rhode	Island is:			
Agent Name - MUTARO SODI				
Street Address (NOT a M.U. Box)  54-ADAMS St 2 FL				
SWOONSO CKET	State RIODE ISLAND	Zip Code O 1895		
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 (sir	ngle member LLC)			
a partnership				
a corporation				
4. The address of the principal office of the limited liability company, i	f it is determined at the time	e of organization:		
Street Address 56 ADAMS ST QND	FLOR			
City/Town	State R	Zip Code		

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.

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FEB 15-2024

BY B516H

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 man	aged by its:				
You MUST check one box:					
Members (Owners)  DO NOT complete the chart be	OR	Mana	ger(s). Complete the chart below.		
DO NOT complete the chart be	ilow.				
	MANAGER(S) NAME		ADDRESS		
		<u> </u>			
7		. (	Check this box to indicate attachment		
8. Date when these Articles of Organization w	ill 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	Address				
MUTARO SEIDI	56 ADAMS	51			
City/Town	State		Zip Code		
MOGNZOCKE RI	RI		02895		
Signature of Authorized Person			Date		
Mutaio Sinh			2-15-24		

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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 15, 2024 01:25 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

