

Articles of Organization DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	inization are adopted for			
1. The name of the limited liability company is:				
IL M CONSTRUTION LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name				
Street Address (NOT a P.O. Box)				
Street Address (NOT a P.O. Box)				
84 SUMMER ST CRAN	STON 029	10		
I City/ Iown	State	Zip Code		
CRANSTON	RHODE ISLAND	02910		
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				
84 SUMMER ST				
City/Town CRDNSLON	State R1	Zip Code 02910		
5. The limited liability company has the purpose of engaging in any la	awful business, and shall ha	ave perpetual existence		
until dissolved or terminated in accordance with RIGL 7-16, 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

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		ember(s) elect to have set forth in these Articles ose(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 main	naged by its:	· · · · · · · · · · · · · · · · · · ·	
You MUST check one box:			
Members (Owners) DO NOT complete the chart b	OR elow.	Manager(s). Complete the chart below.	
	MANAGER(S) NAME	ADDRESS	
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 me	ore than 90 days from th	e date of filing)	
Under penalty of perjury, I declare and affirm			
accompanying attachments, and that all state			
Name of Authorized Person	Address		
LURA B. MARTINEZ	84 50	mmen 81	
City/Town	State	Zip Code	
CRANSTON	R /	02910	
Signature of Authorized Person		Date /	
1, B. M.		02/28/24	

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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 28, 2024 09:46 AM

Trey M. Coure

Gregg M. Amore Secretary of State

