



State of Rhode Island
Department of State - Business Services Division

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 STATE OF RHODE ISLAND
 DEPT. OF STATE
 STAMPS

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 the limited liability company to be organized hereby:

1. The name of the limited liability company is:

E & A Reyes LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name

Enka Yaritza Reyes

Street Address (NOT a P.O. Box)

613 Pine St

City/Town

Central Falls

State

RHODE ISLAND

Zip Code

02863

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

City/Town

State

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 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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 BY *Hm 795*
RS

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:



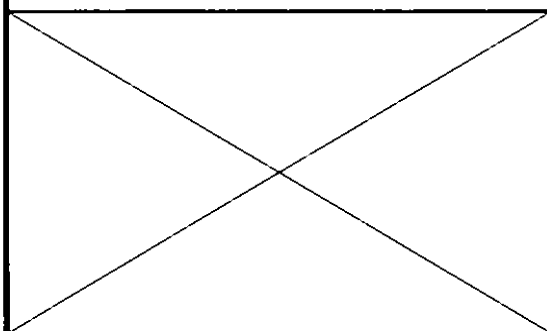
Members (Owners)

DO NOT complete the chart below.

OR



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 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

Erika Y. Paves

613 Pine St

City/Town

State

Zip Code

Central Falls

RI

02861

Signature of Authorized Person

Date

Erika Paves

3/14/24



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:

March 14, 2024 01:36 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

