RI SOS Filing Number: 202448785550 Date: 3/18/2024 1:39:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$150.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Articles of Organization

(Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: Top Tier Tree Services LLC

ARTICLE II

The street address (post office boxes are not acceptable) of the limited liability company's registered agent in Rhode Island is:

No. and Street: <u>32 MARSHALL AVE</u>

City or Town: CUMBERLAND State: RI Zip: 02864

The name of the resident agent at such address is: JAMES PIKE

ARTICLE III

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 only

X disregarded as an entity separate from its member __ a partnership __ a corporation

ARTICLE IV

The address of its principal office of the limited liability company if it is determined at the time of organization:

No. and Street: 32 MARSHALL AVE

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

ARTICLE V

The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article VI of these Articles of Organization.

The period of its duration is: X Perpetual

ARTICLE VI

Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or any other

provision which may be included in an operating agreement:		
ARTICLE VII		
The limited liability company is to be managed by its <u>X</u> Members* or <u></u> Managers (check one)		
* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.		
The name and address of each manager:		
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
This electronic signature of the individual on individuals significantly this instrument countries the		
This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.		
Signed this 18 Day of March, 2024 at 1:40:19 PM by the Authorized Person.		
JAMES PIKE		
Address of Authorized Signer: 32 MARSHALL AVE. CUMBERLAND, RI 02864		
Form No. 400 Revised 09/07		
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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:

March 18, 2024 01:39 PM

Gregg M. Amore Secretary of State

Treg M. Coure

