RI SOS Filing Number: 202449639960 Date: 3/27/2024 1:46:00 PM



## State of Rhode Island 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 Organization are adopted for the limited liability company to be organized hereby:

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the limited liability company to be organized hereby:		(F)		
The name of the limited liability company is:		<u> </u>		
Luminohr Books, LLC				
2. The name and address of the initial resident agent/office in Rhode	Island is:			
Agent Name Macalister Slepkow				
Street Address (NOT a P.O. Box) 1481 Wampanoag Trail				
City/Town East Providence	State RHODE ISLAND	Zip Code 02915		
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 8 Elm Farm Drive				
City/Town Bristol	State RI	Zip Code 02809		
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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BY 3EYHH

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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 inconsisted of Organization, including, but not limited to, a company is formed, and any other provision of the company is formed.	any limitation of the p	ourpose(s) or di	uration for which the limited liability	
n/a				
			Check this box to indicate attachment	
7. The Limited Liability Company is to be mar	naged by its:	· · · · · · · · · · · · · · · · · · ·		
You MUST check one box:				
Members (Owners) DO NOT complete the chart be	OR pelow.	Mana	ger(s). Complete the chart below.	
	MANAGER(S) NAM	E	ADDRESS	
	Dahra Mastaata Silv		O Files Ferry Delice Delected Di 00000	
	Debra Westgate-Silv	'a	8 Elm Farm Drive, Bristol, RI 02809	
		<del></del>		
			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 a accompanying attachments, and that all state	that I have examined ements contained her	these Articles ein are true and	of Organization, including any d correct.	
Name of Authorized Person	Address			
Debra Westgate-Silva	8 Elm Farm Drive	8 Elm Farm Drive		
City/Town	State		Zip Code	
Bristol	RI		02809	
Signature of Authorized Person			Date	
Pelia betypealed and all			3/20/2024	

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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 27, 2024 01:46 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

