



Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

the limited liability company to be organized hereby:	nization are adopted for			
The name of the limited liability company is:				
Sosue constrution LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name		- -		
Libys Tomes				
Street Address (NOT a P.O. Box)				
15 clematic street APT 2				
City/Town	State	Zip Code		
Providence	RHODE ISLAND	102908		
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				
15 Clematic Apt 2				
City/Town	State	Zip Code		
Providence	IRC	100PGO		
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				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Section 6 of these Articles of Organization.

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 managed	d by its: *	- ·	
You MUST check one box:			
	-		
lembers (Owners) OR Manager(s). Complete the chart below. DO NOT complete the chart below.			
MAI	NAGER(S) NAME	ADDRESS	
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	ilys torres	Providence RL	
/ \	ilus turnes	Mar and	
	' 1	02 905 AD 1	
Check this box to indicate attachment			
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 statement		• •	
Name of Authorized Person Addr	ess		
Libys Tomes "	s Clematis	street AP+ 2	
City/Town	State	Zip Code	
Providence	101	OPGOB	
	1 4	·	
Signature of Authorized Person		Date	
tilous Tomes		04-22-24	