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## 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: Almosawy Eye Care 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: 47 WOOD AVE

SUITE 2

City or Town: BARRINGTON State: RI Zip: 02806

The name of the resident agent at such address is: NORTHWEST REGISTERED AGENT LLC

#### **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

<u>X</u>	<sub>,</sub> aisregaraea a	as an entity	separate	from its member	a partnersnip	a corporation
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#### **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: 47 WOOD AVE

SUITE 2

City or Town: BARRINGTON State:  $\underline{RI}$  Zip:  $\underline{02806}$  Country:  $\underline{USA}$ 

#### **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:	Χ	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:

THE PURPOSE OF THIS ORGANIZATION INCLUDES, BUT IS NOT LIMITED TO: PROVIDE ROUTINE AND MEDICAL EYE EXAMS TO PATIENTS IN VARIOUS PATIENT POPULATION SETTINGS.

#### **ARTICLE VII**

The limited liability company is to be managed by its X Members\* or 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	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country		

#### **ARTICLE VIII**

The date these Articles of Organization are to become effective, not prior to, nor more than 90 days after the filing of these Articles of Organization.

Later Effective Date:

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 30 Day of April, 2024 at 9:21:29 AM by the Authorized Person.

### **NAT SMITH**

**Address of Authorized Signer:** 

47 WOOD AVE SUITE 2, BARRINGTON, RI 02806

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:

April 30, 2024 09:20 AM

Gregg M. Amore Secretary of State

Treg M. Coure

