RI SOS Filing Number: 202453329620 Date: 4/30/2024 2:01:00 PM



## State of Rhode Island

**Department of State - Business Services Division** 

ECD RIDDS ESD 327, APR 30 PH 2:01:65

## **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:

	<del></del>		
1. The name of the limited liability company is:			
7 Seven LLC			
2. The name and address of the initial resident agent/office in Rhode Island is:			
Agent Name Roanna Liranzo			
Street Address (NOT a P.O. Box)			
155 Cranston St AP+64			
City/Town	State	Zip Code	
Providence	RHODE ISLAND	02907	
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 N/A noticet determind			
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 <u>7-16</u> , 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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6. Additional provisions, if any, not inconsistent of Organization, including, but not limited to, any company is formed, and any other provision whi	y limitation of the purp	• • •	
		Check this box to indicate attachment	
7. The Limited Liability Company is to be manage	ged by its:		
You MUST check one box:			
Members (Owners) DO NOT complete the chart belo	OR ow.	Manager(s). Complete the chart below.	
M	ANAGER(S) NAME	ADDRESS	
V	•	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 accompanying attachments, and that all statements.			
Name of Authorized Person Ad	ddress		
Rounna Liranzo	155 cranst	ton of Apt Gy	
City/Town	State	Zip Code	
providence r	RI	02907	
Signature of Authorized Person		Date	
Klauna Lings		4/30/2024	

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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:

April 30, 2024 02:01 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

