1

State of Rhode Island Department of State - Business Services Divis	sion	24-E 1 AU 27-E 1	
Articles of Organization DOMESTIC Limited Liability Company		:0 F.SD :0 7:5	
→ Filing Fee: \$150.00		Ŭ,	
Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Ore the limited liability company to be organized hereby:	ganization are adopted for		
1. The name of the limited liability company is: $Fast Ci$	33a, LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:			
Agent Name MANJAKET MIGN			
Street Address (NOI a P.O. Box) 380 Atwells Ave			
City/Town PSOVIDENCE	State RHODE ISLAND	Zip Code 02-909	
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 380 Atuells Ave			
City/Town & DV, TALMCE	State RT	Zip Code OZGOP	
5. The limited liability company has the purpose of engaging in any until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless 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

FILED 207 BY C5WZN K

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 ma	naged by its:		
You MUST check one box:		· · · · ·	
Members (Owners) OR Manager(s). Complete the chart below.			
	MANAGER(S) NAME	ADDRESS	
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 I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.			
Name of Authorized Person Margaret Mign	Address 380 At	mells Ave	
City/Town PSDVielence	State	Zip Code 02909	
Signature of Authorized Person	ster	Date 5 1 24	
	1		

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

May 01, 2024 02:07 PM

Treng M. Course

Gregg M. Amore Secretary of State

