RI SOS Filing Number: 202453851680 Date: 5/3/2024 2:41:00 PM



State of Rhode Island **Department of State - Business Services Division**

Articles of OrganizationDOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:					
The name of the limited liability company is:	·				
MD AUTOMOBILE AND TRANSPOR	TATION LLC				
2. The name and address of the initial resident agent/office in Rhode	Island is:				
Agent Name DAMOLA OLANIYAN					
Street Address (NOT a P.O. Box)					
12G DIVISION STREET					
City/Town PAW TUCKET	State RHODE ISLAND	Zip Code つみらや			
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					
126 DWICION STREET					
City/Town	State	Zip Code			
PAWTUCKET	RHOSE ISLAMS	02860			
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 7-16, unless a more limited purpose or duration is set forth in					

MAY 0 3 2024

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 ma	naged by its:			
You MUST check one box:				
Members (Owners) DO NOT complete the chart b	OR pelow.	Mana	ger(s). Complete the chart below.	
	MANAGER(S) NAME		ADDRESS	
	DAMOLANIY	PAN	PAWTUCKET R.1 02860	
		C	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	Address	- are true arr	<i>a conoci.</i>	
CLANYAN DAMOLA	126, MUISION STREET			
City/Town	State		Zip Code	
PAWTUKET	RIHODE ISI	الم ^ا	0)860	
Signature of Authorized Person			05/81/24	

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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:

May 03, 2024 02:41 PM

Gregg M. Amore Secretary of State

Treg M. Coure

