



State of Rhode Island
Department of State - Business Services Division

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Articles of Organization

DOMESTIC 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:

1. The name of the limited liability company is: Privilege Rest Lounge LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name JHOEL Cuervo		
Street Address (NOT a P.O. Box) 1228 Broad St		
City/Town Providence	State RHODE ISLAND	Zip Code 02905
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):		
<input checked="" type="checkbox"/> a disregarded as an entity separate from its member (single member LLC) <input type="checkbox"/> a partnership <input type="checkbox"/> 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 1228 Broad St		
City/Town Providence	State RI	Zip Code 02905
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 Section 6 of these Articles of Organization.		

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 MAY 13 2024
 BY PI9 NS

ENVÍE POR CORREO POSTAL A:

Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Teléfono: (401) 222-3040
Sitio Web: www.sos.ri.gov

6. Additional provisions, if any, not consistent 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 by its:

You **MUST** check one box:

Members (Owners) **DO NOT** complete the chart below.

OR

Managers (Individuals hired by the members with no ownership interest) Complete the chart below.

X	MANAGER NAME	ADDRESS
	Shoe Cuello	94 SASSAFRAS ST
	Providence	RI
	02905	

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	
Shoe Cuello		94 SASSAFRAS ST	
City/Town	State	Zip Code	
Providence	RI	02905	
Signature of Authorized Person			Date
Shoe Cuello			5/13/24



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 13, 2024 10:09 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

