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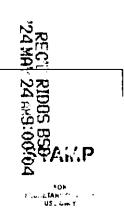


State of Rhode Island

**Department of State - Business Services Division** 

## **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 Orga the limited liability company to be organized hereby:	nization are adopted for				
1. The name of the limited liability company is:					
5 Pa Betty Blanco LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name Betty d. abbott					
Street Address (NOT a P.O. Box) 5 On tand St	Apt 2				
City/Town Providence	State RHODE ISLAND	Zip Code ()2907			
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	dyer Ave				
City/Town Cranson	State R\	2ip Code 629:20			
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.					

**ENVIE 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 th	nis box to indicate attachment	
7. The Limited Liability Company is to be ma	naged by	its:	·	
You MUST check one box:				
Members (Owners) <b>DO NOT</b> complete the chart below.	OR	Managers (Individuals hired by the members with no ownership interest) Complete the chart below.		
		MANAGER NAME	ADDRESS	
		Betty d. abbott	05 Ontario St Prov. RI 07907	
		Check thi	s box to indicate attachment	
8. Date when these Articles of Organization	will be effe		<u></u>	
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  Betty Obbott 65 Ortan o St				
City/Town Providera	A	State	21p Code 02907	
Signature of Authorized Person	He	•	Date \$	

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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 24, 2024 09:00 AM

Gregg M. Amore Secretary of State

Treg M. Coure

