RI SOS Filing Number: 202455307130 Date: 6/4/2024 11:43:00 AM



## 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			
The name of the limited liability company is:				
C&C LandScar	oing LLL			
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name  Roberto Concepción  Street Address (NOT a P.O. Box)				
Street Address (NOT a P.O. Box)				
451 West Ave <del>pawtacket</del>				
City/Town L	State	Zip Code		
Pawturket	RHODE ISLAND	12860		
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				
151 West & Ave				
City/Town	State	Zip Code		
City/Town Paw tucket	RT	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 <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.				

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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

<ol><li>Additional provisions, if any, not inconsistent of Organization, including, but not limited to, any company is formed, and any other provision white</li></ol>	y limitation of the purp	pose(s) or duration for which the limited liability
company is formed, and any other provision will	icit may be included i	n an operating agreement.
	•	
		Check this box to indicate attachment
7. The Limited Liability Company is to be manag	ged by its:	
You MUST check one box:		
Members (Owners)  DO NOT complete the chart belo	OR w	Manager(s). Complete the chart below.
		LABBRESO .
M	ANAGER(S) NAME	ADDRESS
		Check this box to indicate attachment
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY		
Coto received (Uses Sties)		
Date received (Upon filing)		
Later effective date (Date must be no more	than 90 days from th	e date of filing)
Under penalty of perjury, I declare and affirm the		
accompanying attachments, and that all statements		are true and correct.
Name of Authorized Person A	ddress	
Roberto Concepción		
City/Town	State	Zip Code
Pawfucket	I R.C.	02860
Signature of Authorized Person		Date
		6-4-24
		6-4-24

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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:

June 04, 2024 11:43 AM

Gregg M. Amore Secretary of State

Treg M. Coure

