RI SOS Filing Number: 202457030900 Date: 6/20/2024 1:55:00 PM



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:				
Anakor Boha Cafe 16c.				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Phoakdin Sok				
Street Address (NOT a P.O. Box) 55 KVQ-51/ ST				
City/Town () / C/ans/on	State RHODE ISLAND	Zip Code 029/0		
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:			
4. The address of the principal office of the limited liability company,	ir it is determined at the time	or organization.		
Street Address	C	or organization.		
	State R I	Zip Code 029/0		

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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

		
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:		
company is formed, and any other provision	Which may be included in	ran operating agreement.
		Check this box to indicate attachment
7. The Limited Liability Company is to be ma	anaged by its:	
You MUST check one box:		
A	an	
Members (Owners) DO NOT complete the chart I	OR below.	Manager(s). Complete the chart below.
	MANAGER(S) NAME	ADDRESS
	MANAGER(O) NAME	ADDITEGO
	<u> </u>	
		Check this box to indicate attachment
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY		
ate received (Upon filing)		
Bodie reserves (open iming)		
Later effective date (Date must be no m	nore than 90 days from th	e date of filing)
Under penalty of perjury, I declare and affirm	n that I have examined th	ese Articles of Organization, including any
accompanying attachments, and that all stat		are true and correct.
Name of Authorized Person	Address	
Phocket in Sal	55 Rusby	street
City/Town	State	Zip Code
, only 10 min	Otale	Lip odd
Cranston	RI	02910
Signature of Authorized Person	1 1	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:

June 20, 2024 01:55 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

