



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JUN 21 AM 9:21:31

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:		
ARBOR BARBER TREE SERVICE LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name STEPHEN ANDREWS		
Street Address (<u>NOT</u> a P.O. Box) 33 OLD DANIELSON PIKE		
City/Town FOSTER	State RHODE ISLAND	Zip Code 02825
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 type="checkbox"/> a disregarded as an entity separate from its member (single member LLC) <input type="checkbox"/> a partnership <input checked="" 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 33 OLD DANIELSON PIKE		
City/Town FOSTER	State RI	Zip Code 02825
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 <u>RIGL 7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.		

FILED 921
JUN 21 2024
BY S B W S Y

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 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:

NONE

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


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	
STEPHEN ANDREWS		33 OLD DANIELSON PIKE	
City/Town	State	Zip Code	
FOSTER	RI	02825	
Signature of Authorized Person			Date
			06/20/2024

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.