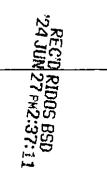
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## State of Rhode Island Department of State - Business Services Division



## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

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

Pursuant to the provisions of <u>RIGL 7-16</u> , the follow the limited liability company to be organized hereby		
1. The name of the limited liability company is:		
Clean Concierge LLC		
2. The name and address of the initial resident ag	ent/office in Rhode Island is:	·
Agent Name		
Joshua D. Avenett		
Street Address (NOT a P.O. Box)		
104 Putnum Pike		
City/Town	State	Zip Code
Johnston	RHODE ISLAND	02119
3. Under the terms of these Articles of Organization		
the limited liability company is intended to be treat	ted for purposes of federal income taxation	n as (CHECK ONE BOX):
X a disregarded as an entity separate for	rom 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		
400 Harris Ave Unit E		
City/Town	State	Zip Code
Providence	R. <u>r</u>	02709
5. The limited liability company has the purpose o until dissolved or terminated in accordance with R Section 6 of these Articles of Organization.		
		FILED 237
		JUN 2 7 2024
		BY DI YNG
MAIL TO:		FU
MAIL TO: Division of Business Services		
148 W. River Street, Providence, Rhode Island 02904-2	2615	

	any limitation of the pur	nember(s) elect to have set forth in these Articles rpose(s) or duration for which the limited liability in an operating agreement:	
company is formed, and any other provision of	William thay be included	in an operating agreement.	
		Check this box to indicate attachment	
7. The Limited Liability Company is to be man	naged by its:		
You MUST check one box:			
Mombous (Oumars)	OD	Manager/a) Complete the sheet heless	
Members (Owners)  DO NOT complete the chart b	OR elow.	Manager(s). Complete the chart below.	
	MANAGER(S) NAME	ADDRESS	
		No Ne State	
	<del></del>	Check this boy to indicate attachment.	
		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 me	ore than 90 days from t	the date of filing)	
Under penalty of penjury, I declare and affirm			
accompanying attachments, and that all state  Name of Authorized Person	Address	in are true and correct.	
Name of Authorized Person	Audress		
Joshna D. Averett 104 Putaga Pike Jo			
City/Town	State	Zip Code	
Johnston	R.E.	02909	
Signature of Authorized Person		Date	
		06/27/2024	

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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 27, 2024 02:34 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

