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State of Rhode Island

Department of State - Business Services Division

RECTURIDOS 850: 124 AUG 8 PK 1:36: 12

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

POR TUBERANTO BIAN USB ONCE

Pursuant to the provisions of RIGL 7-16, the following Artic the limited liability company to be organized hereby:	les of Organization are adopted for			
The name of the limited liability company is:				
- The figure of the infines habitity company is:				
Porte dening LLC				
2. The name and address of the initial resident agent/office	e in Rhode Island is:	<u>-</u>		
Agent Name				
Ana Ponte	<u></u>			
Street Address (NOT a P.O. Box)				
560 prospect St #322				
	0.0.0	Zip Code		
PAWTUCKET	RHODE ISLAND	02860		
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 tir	ne of organization:		
Street Address				
City/Town	State	Zip Code		
···				
5. The limited liability company has the purpose of engagi	ing in any lawful business, and shall l	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 AUG 0 8 2024 1.1P

FILED

	any limitation of the pur	nember(s) elect to have set forth in these Articles pose(s) or duration for which the limited liability 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:		
Members (Owners) DO NOT complete the chart be	OR elow.	Manager(s). Complete the chart below.
	MANAGER(S) NAME	ADDRESS
		,
		Check this box to indicate attachment
8. Date when these Articles of Organization w	vill be effective: CHECK	ONE BOX ONLY
Date received (Upon filing)		
Later effective date (Date must be no mo	ore than 90 days from the	ne date of filing)
Under penalty of perjury, I declare and affirm accompanying attachments, and that all state		
Name of Authorized Person	Address	
Ana Ponte	560 Pro	SPECT ST #32
City/Town	State	Zip Code
PAWTUCKET	R.I	02860
Signature of Authorized Person		Date
Ana Ponte		8/8/24

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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:

August 08, 2024 01:36 PM

Gregg M. Amore
Secretary of State

Tregs M. Coure

