RI SOS Filing Number: 202458756250 Date: 8/13/2024 10:55:00 AM



State of Rhode Island Department of State - Business Services Division

РЕС'D RIDOS: BSD ₹ 5.02 724 FUG 13 АН10;55:02

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16</u> , the following Artic the limited liability company to be organized hereby:	les of Organization are adopted for	
1. The name of the limited liability company is:		
URS PROPERTY MANAGERENT AND	CONSULTING, LLC	
2. The name and address of the initial resident agent/office	e in Rhode Island is:	
Agent Name Victor Ricoras Romines S	pache b	<u>-</u> : -
Street Address (NOT a P.O. Box) 47 UNION AV.		
City/Town 1 PROVIDENCE	State RHODE ISLAND	Zip Code 02909
3. Under the terms of these Articles of Organization and a the limited liability company is intended to be treated for p		
a disregarded as an entity separate from its r	nember (single member LLC)	
a partnership	(engle member care)	
a corporation		
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 4) UNION PU		
City/Town PROUIDENCE R1	State RI	Zip Code O2 90 1
5. The limited liability company has the purpose of engagi until dissolved or terminated in accordance with RIGL 7-1		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Section 6 of these Articles of Organization.

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

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BY 1204551

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:		
	Check this box to indicate attachment	
7. The Limited Liability Company is to be managed by its:		
You MUST check one box:		
Members (Owners) OR 📆	Managar(a) Complete the chart below	
Members (Owners) OR Manager(s). Complete the chart below.		
MANAGER(S) NAME	ADDRESS	
Vicon RAMIEER	47 UNION AV. PROVIDENCENT	
VICKIN NAMES S	4 4 ONON AN IMPORTACE ICE	
	Observation because in disease assessment .	
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 Art		
accompanying attachments, and that all statements contained herein are true	ue and correct.	
Name of Authorized Person Address		
VICTOR NICOLAS RAMINEZ 47 UNION AV.	,	
City/Town State	Zip Code	
PROVIDENCE / RI	02909	
Signature of Authorized Person	Date /	
410	8/13/2024	
		

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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:

August 13, 2024 10:55 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

