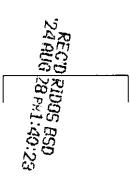
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## State of Rhode Island Department of State - Business Services Division



## **Articles of Organization**DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	·	· .		
1. The name of the limited liability company is: M.W.D.A Co		<i>U</i> = <i>U</i>		
2. The name and address of the initial resident agent/office in Rhode Island is: Warcos Droies To Itzep				
Agent Name Marcos Daniel Tio Etzep				
Street Address (NOT a P.O. Box)				
City/Town	State	Zip Code		
-Prividence	RHODE ISLAND	02908		
3. Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of				
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:				
Street Address				
1112 main st				
City/Town	State	Zip Code		
West warwick	RI	D893		
5. The limited liability company has the purpose of engaging in any launtit dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.				

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 28 2024

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6. Additional provisions, if any, not inconsistent with	law, which the member(s) elec	t to have set forth in these Articles	
of Organization, including, but not limited to, any limited	itation of the purpose(s) or duri	ation for which the limited liability	
company is formed, and any other provision which n	nay be included in an operating	g agreement:	
	C	Check this box to indicate attachment	
7. The Limited Liability Company is to be managed	by its:		
You MUST check one box:			
3	OB	ger(s). Complete the chart below.	
Members (Owners)  OR  Manager(s). Complete the chart below.			
	AGER(S) 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)			
~	on OD almos frame that it is a line of the state of the s	20)	
Later effective date (Date must be no more that			
Under penalty of penury, I declare and affirm that I	have examined these Articles	of Organization, including any	
accompanying attachments, and that all statements	s contained herein are true and	o correct.	
Name of Authorized Person Addre	Name of Authorized Person Address		
Marcos Duniel Tiv Itzap 112 Academy Ave			
City/Town	State	Zip Code	
1			
Providence	RI	<i>∞</i> 908	
Signature of Authorized Person		Date	
		Ī	

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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 28, 2024 01:40 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

