

SID ALT COTATS

## STAICP

## Articles of Organization DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the following Articles of	f Organization are adopted for	1 .
the limited liability company to be organized hereby:	-	
1. The name of the limited liability company is:		
, , ,		
D16 10 100 15 15	_	
RJC Investments Li	<u>- (                                   </u>	_
2. The name and address of the initial resident agent/office in l	Rhode Island is:	
Agent Name		
Street Address (NOT a P.O. Box)  451 west are particket		
Street Address (NOT a P.O. Box)		
451 west nue Dawfucket		
City/Town	State	Zip Code
Pawtucket	RHODE ISLAND	02860
3. Under the terms of these Articles of Organization and any w	ritten operating agreement made	e or intended to be made.
the limited liability company is intended to be treated for purpo		
a disregarded as an entity separate from its meml	per (single member LLC)	
a partnership		
a corporation		
4. The address of the principal office of the limited liability com	pany, if it is determined at the tin	ne of organization:
Street Address		
451 West Ave		
City/Town	State	Zip Code
Pawfucket	$\mathcal{I}\mathcal{R}$	02860
5. The limited liability company has the purpose of engaging in	any lawful business, and shall b	
until dissolved or terminated in accordance with RIGL <u>7-16</u> , un		
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 **FILED** 

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<ol> <li>Additional provisions, if any, not i of Organization, including, but not li company is formed, and any other p</li> </ol>	mited to, any limitation of the p	purpose(s) or duration for which the	in these Articles Imited liability
sempony to remote and any officer,	Novidion Willon may be include	a man operating agreement.	
			·
		Check this box to in	ndicate attachment
7. The Limited Liability Company is	to be managed by its:		
You MUST check one box:			
Members (Owners)	OR	Manager(s). Complete th	e chart below
DO NOT complete the	ne chart below.	• (1)	
	MANAGER(S) NAM	E ADDRESS	
	Roberto C	Encepcion 451 west	Ave pawfucket
		<b>'</b>	1
		RI 0286	<i>(</i> )
	<del></del>		<u> </u>
		Check this box to inc	dicate attachment
8. Date when these Articles of Orga	nization will be effective: CHE	CK ONE BOX ONLY	
Date received (Upon filing)			
Date received (Opon Illing)			
Later effective date (Date must	be no more than 90 days from	the date of filing)	
Under penalty of penjury, I declare a	nd affirm that I have examined	these Articles of Organization, inc	luding any
accompanying attachments, and the	at all statements contained her	ein are true and correct.	
Name of Authorized Person	Address		
Roberto concepi	on 151 u	vest Ave	
City/Town	State	Zip Code	<u> </u>
	0.7		
Pawtucket	P]	02860	
Signature of Authorized Person		Date	
		02860 Date 9/11/2	J
		<u> </u>	1