RI SOS Filing Number: 202460240970 Date: 9/20/2024 12:45:00 PM



## 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 Orgathe limited liability company to be organized hereby:	nization are adopted for			
The name of the limited liability company is:				
IJ Renovation LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Juy M. Sandoval				
Street Address (NOT a P.O. Box)				
20 Pavilion Ct.				
City/Town	State	Zip Code		
Cranston	RHODE ISLAND	02970		
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 time of organization:				
Street Address Pavilion Ct.				
City/Town	State	Zip Code		
Granston	FI	02920		
5. The limited liability company has the purpose of engaging in any lawful business, and shall 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.				

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

6 Additional provisions if any not inconsist	ent with law, which the mem	ber(s) elect to have set forth in these Articles
of Organization, including, but not limited to	, any limitation of the purpos	e(s) or duration for which the limited liability
company is formed, and any other provision	which may be included in a	n operating agreement:
		Check this box to indicate attachment
7. The Limited Liability Company is to be ma	anaged by its:	
You MUST check one box:		
Members (Owners) DO NOT complete the chart	OR below.	Manager(s). Complete the chart below.
	MANAGER(S) NAME	ADDRESS
		······································
		Check this box to indicate attachment
8. Date when these Articles of Organization	will be effective: CHECK O	NE BOX ONLY
Date received (Upon filing)		
Je sale reserves (open nimig)		
Later effective date (Date must be no r	more than 90 days from the o	date of filing)
Under penalty of perjury, I declare and affirm accompanying attachments, and that all sta		
Name of Authorized Person	Address	- 1
Ing M Sandoval	20 Ya	vilion ct.
City/Town	State	Zip Code
Crauston	PZ	62920
Signature of Authorized Person	1 1	Date
Log M Jana	1009	9-20-24
	<del></del>	

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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:

September 20, 2024 12:45 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

