RI SOS Filing Number: 202460819400 Date: 10/25/2024 12:07:00 PM



State of Rhode Island
Department of State - Business Services Division

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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:	nization are adopted for			
The name of the limited liability company is:				
SAVVY SERVICES, ILC.				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name				
ROSSIS MELENDEZ				
Street Address (NOT a P.O. Box)				
63 WEBSTER ST APT. 6	-	•		
City/Town	State	Zip Code		
Pawtucket	RHODE ISLAND	02861		
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				
City/Town	State	Zip Code		
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.		1		

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 25 2024 BYPD3YMA AA·12:01pm

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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:			
company is formed, and any other provision wi	ich may be included in an op	perating 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) DO NOT complete the chart bek	OR	Manager(s). Complete the chart below.	
N	IANAGER(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)			
Later effective date (Date must be no more than 90 days from the date of filing) 01 01 2025			
Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any			
accompanying attachments, and that all statem			
Name of Authorized Person A	ddress		
ROSSIS MELENDEZ	63 WEBSTER	ST. APT. 6	
City/Town	State	Zip Code	
· ATT OCIVET	Q7	02861	
Pawtu CKET Signature of Authorized Person	<u> </u>	Date (
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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:

October 25, 2024 12:07 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

