RI SOS Filing Number: 202461543070 Date: 12/10/2024 2:20:00 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 RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby: 1. The name of the limited liability company is: KOODALL L.L.C. 2. The name and address of the initial resident agent/office in Rhode Island is: SENEDETTO Street Address (NOT a P.O. Box) State Zip Code RHODE ISLAND 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

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 DEC 10 2024

BY OPJ4X

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•	any limitation of the pur	nember(s) elect to have set forth in these Articles pose(s) or duration for which the limited liability in an operating agreement:
TO BE DE.	TERMIN	ED.
		Check this box to indicate attachment
7. The Limited Liability Company is to be made	naged by its:	<u> </u>
You MUST check one box:		
Members (Owners) DO NOT complete the chart b	OR selow.	Manager(s). Complete the chart below.
	MANAGER(S) NAME	ADDRESS
	REN HAU	UNIT 2R
		BOSTON, MA.
		Check this box to indicate attachment
8. Date en these Articles of Organization will be effective. CHECK ONE BOX ONLY		
Jate received (Upon filing)  [X] Later effective date (Date must be no more than 90 days from the date of filing)		
Under penalty of perjury, I declare and affirm accompanying attachments, and that all state		
Name of Authorized Person BENE O ETTO CERI//	Address HARN	AGANSETT AUE
City/Town  CAMESTOWN	State A. I	Zip Code 02835,
Signature of Authorized Person  Method	Coulli.	Date 12/10/24
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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:

December 10, 2024 02:20 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

Secretary of State

