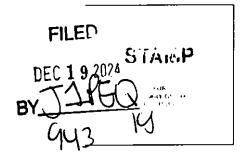
.:

• State of Rhode Island Department of State - Business Services Division	on	REC'D RIDOS E "24 DEC 19 AM9"		
Articles of Organization DOMESTIC Limited Liability Company		STAI		
\rightarrow Filing Fee: \$150.00		FOD C. L. BAKY OF STATS Jue Of LY		
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			
1. The name of the limited liability company is:				
Juliette Bard the kids Enterprize 11c				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name				
Julius C. Duran I				
Street Address (NOI a P.O. Box) hood stored and 17 whelen id. AP+2-2				
City/Town Providence, C.J.	State RHODE ISLAND	Zip Code		
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 5 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.				

....

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



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:			
		Check this box to indicate attachment	
7. The Limited Liability Company is to be manag	ed by its:		
You MUST check one box:			
Members (Owners) OR Manager(s). Complete the chart below.			
M	ANAGER(S) NAME	ADDRESS	
	· · ·	· · ·	
Check this box to indicate attachment			
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.			
Name of Authorized Person	dress	٨	
Julius C. Durnot Durant	17 Whelan Co	£	
City/Town	State	Zip Code	
Prov. C	R.I.	62919	
Signature of Authorized Person		Date	
Ala C. Dart		12-19-24	
\mathcal{O}			

•

۹.,

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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 19, 2024 09:43 AM

Areg M. Couve

Gregg M. Amore Secretary of State

