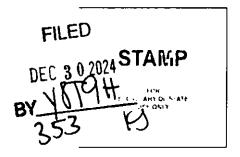
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State of Rhode Island Department of State - Business Services Divis	sion	REC'D RIDOS
Articles of Organization DOMESTIC Limited Liability Company		and the second s
→ Filing Fee: \$150.00		FOR SECRETARY OF STATE USE ONLY
Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Org the limited liability company to be organized hereby:	ganization are adopted for	
1. The name of the limited liability company is:		
R&R Enterprices RI	Llic	
2. The name and address of the initial resident agent/office in Rhome	de Island is:	
Agent Name Rafgel RUAND		
Street Address (NOT a P.O. Box) 57 Pidge Aug		
City Town Jucket	State RHODE ISLAND	Zip Code 0 2860
3. Under the terms of these Articles of Organization and any writte the limited liability company is intended to be treated for purposes		
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	r, if it is determined at the tir	ne of organization:
Street Address 477 Dexter St		
477 Dexter St City/Town Central Falls	RI RI	Zip Code 02863
5. The limited liability company has the purpose of engaging in any until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless 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 w of Organization, including, but not limited to, any company is formed, and any other provision whic	imitation of the purpose(s) or di	uration for which the limited liability	
		Check this box to indicate attachment	
7. The Limited Liability Company is to be manage	d by its:		
You MUST check one box:	· ·		
Members (Owners) OR Manager(s). Complete the chart below.			
MA	NAGER(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)			
Under penalty of penjury, 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 Add	Press Pidco A	ne ne	
City/Town	State	Zip Code	
Pautocket	RI	02863	
Signature of Authorized Person	· · · · · · · · · · · · · · · · · · ·	Date	
Kalard Luans	_	12-30-2024	
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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 30, 2024 03:53 PM

Treng M. Course

Gregg M. Amore Secretary of State

