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State of Rhode Island
Department of State - Business Services Division

REC'D RIDGS 65D (25.28 d) 16 AM 11:42:28 d)

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the following Articles the limited liability company to be organized hereby:	of Organization are adopted for	
The name of the limited liability company is:		
M&C Home	Improvement	LLC
2. The name and address of the initial resident agent/office i	n Rhode Island is:	
Agent Name		- ·
Cristian Cabrera		
Street Address (NOT a P.O. Box) 130 B	gran Blud	
1_20052		
Çity/Town	State	Zip Code
Waywick	RHODE ISLAND	65223
 Under the terms of these Articles of Organization and any the limited liability company is intended to be treated for purp 	, , ,	
a disregarded as an entity separate from its me	mber (single member LLC)	
a partnership		
a corporation		
4. The address of the principal office of the limited liability co	mpany, if it is determined at the tin	ne of organization:
Street Address		-
6,20 Warrich Au		
City/ IOWI	State	Zip Code
Warwica	MI	02833
5. The limited liability company has the purpose of engaging until dissolved or terminated in accordance with RIGL 7-16, i	· · · · · · · · · · · · · · · · · · ·	• •

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BY FN3ND

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

		<u> </u>
	iny limitation of the purp	ember(s) elect to have set forth in these Articles ose(s) or duration for which the limited liability
Company is formed, and any other provision w	mich may be included if	tan operating agreement.
		Check this box to indicate attachment
7. The Limited Liability Company is to be man	aged by its:	
You MUST check one box:		
A		
Members (Owners) DO NOT complete the chart be	OR elow.	Manager(s). Complete the chart below.
	MANAGER(S) NAME	ADDRESS
	INIMIAOEN(S) INIMIE	ADDICESS
		Check this box to indicate attachment
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY		
Date received (Upon filing)		
Butto received (epoil iming)		
Later effective date (Date must be no mo	re than 90 days from the	e date of filing)
Under penalty of perjury, I declare and affirm		
accompanying attachments, and that all state		are true and correct.
Name of Authorized Person	Address	
Cristian Cabrera	130 Byr	on BIVE
City/Town	State	Zip Code
Warwica	RE	02888
Signature of Authorized Person		Date
		1 . 1 . 1
()rstanlabora		01/16/25

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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:

January 16, 2025 11:42 AM

Gregg M. Amore Secretary of State

Treg M. Coure

