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State of Rhode Island
Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

PER CORRESPONDED STAMP
SECRETARY OF STATE

Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	nization are adopted for		
1. The name of the limited liability company is:			
AARON EDST L.L.C.			
2. The name and address of the initial resident agent/office in Rhode Island is:			
Agent Name			
RUTH MILLAR			
Street Address (NOT a P.O. Box)			
34 RIDGE ST			
City/Town	State	Zip Code	
CRANSTON	RHODE ISLAND	09690 _	
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 65 POPLAR DRIVE			
City/Town	State	Zip Code	
CRANSION P	スス	02720	
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 JAN 1-7-2025, 3-47 BY V 7 X Q 9 FA 8 47 AM

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	iny limitation of the purp	nember(s) elect to have set forth in these Articles pose(s) or duration for which the limited liability in an operating 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 be	OR elow.	Manager(s). Complete the chart below.	
	MANAGER(S) NAME	ADDRESS	
	<u></u>		
		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)			
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	Address		
Dovidmillare 65 POPIAR DRIVE			
City/Town	State	Zip Code	
CICANSTON	Rt.	06760	
Signature of Authorized Person		Date	
wast weed		1-17-25	

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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 17, 2025 08:47 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

