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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:					
The name of the limited liability company is:					
Visionary LLC					
2. The name and address of the initial resident agent/office in Rhode	Island is:				
Agent Name Michael P. Wheeler					
Street Address (NOT a P.O. Box) 35 Old North Road					
City/Town Coventry	State RHODE ISLAND	Zip Code 02816			
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 35 Old North Road					
City/Town Coventry	State RI	Zip Code 02816			
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.					

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JAN 28 2025

BY VVT94

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

C Additional manifolians of any section of the	_	- I Alt-E-Alt-			
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 man	naged	by its:			
You MUST check one box:					
<b>57</b> Hambary (0, 1111)		00			
Members (Owners)  DO NOT complete the chart be	elow.	OR Mana	ager(s). Complete the chart below.		
	_	IAGER(S) NAME	ADDRESS		
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			Check this box to indicate attachment		
8. Date when these Articles of Organization w	vill be	effective: CHECK ONE BOX	ONLY		
Date received (Upon filing)					
Later effective date (Date must be no me	oro th	an 00 days from the date of fil	ing)		
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 Address					
Michael P. Wheeler	35 Old North Road				
City/Town		State	Zip Code		
Coventry		RI	02816		
Cinnature of Authorized Passas	····		Date		
Signature of Authorized Person			Date /		
Michael Wheeler			01/28/2025		