

State of Rhode Island Department of State - Business Services Division

REC'D RIDOS 850 PS FF8 27 PP3:22:34

STABLE

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:				
The name of the limited liability company is:				
Monteiro Landscaping LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name 1115585 Monteille		en de la companya de		
Street Address (NOT a P.O. Box)				
65 CliFFORd Street	<u>. </u>	·		
City/Town	State	Zip Code		
pawtuent	RHODE ISLAND	02860		
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 Cliffolio St				
City/Town PQW+UCKET	State	Zip Code 0 2860		
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.				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FFR 2.7 2025

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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:			
company is formed, and any other provision	Willest may be included in	ran 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)	OR	Manager(s). Complete the chart below.	
DO NOT complete the chart b		Manager(s). Complete the Chart below.	
	MANAGER(S) NAME	ADDRESS	
	, ,		
	,	·	
	Ulisses Mon-	laining GC difford street	
	1013302 1 1011-	leine 65 clifford street	
		Dustratot -	
		11 07860	
		Check this box to indicate attachment	
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Date received (Opon ming)			
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 state	· - -	are true and correct.	
Name of Authorized Person	Address		
Ulisses Monteiro	65 dif	ford street	
City/Town	State	Zip Code	
Pawfuciet	PF	02860	
Signature of Authorized Person		Date	
1 hes Monther	•	2-27-25	