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State of Rhode Island

Department of State - Business Services Division

P. 25 F.: B 28 PK1: 54:19<sup>5</sup> ST4:19<sup>5</sup>

## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

a partnership a corporation

Cranaton

→ Filing Fee: \$150.00

the limited liability company to be organized hereby:	organization are adopted to	
The name of the limited liability company is:	_	-
MEDINA SHOP LLC		
2. The name and address of the initial resident agent/office in Rh	ode Island is:	
Agent Name Darwin Medina Sala	70r	
Street Address (NOT a P.O. Box)  R Lambert St		,
city/Town Cranston	State RHODE ISLAND	Zip Code 02910
Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purpose		
a disregarded as an entity separate from its membe	r (single member LLC)	

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.

State

4. The address of the principal office of the limited liability company, if it is determined at the time of organization:

MAIL TO:

Street Address

City/Town

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov STAIMP
STAIMP
FEB 28, 2025
BY 154

Zip Code

02910

<ol> <li>Additional provisions, if any, not inconsistent wit of Organization, including, but not limited to, any li company is formed, and any other provision which</li> </ol>	mitation of the purpo	ose(s) or duration for which the limited liability	
7. The Limited Linkillia, Company is to be managed	d hu ita:	Check this box to indicate attachment	
7. The Limited Liability Company is to be managed			
You MUST check one box:			
Members (Owners)  DO NOT complete the chart below.	OR	Manager(s). Complete the chart below.	
MAN	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)			
Later effective date (Date must be no more th	an 90 days from the	e date of filing)	
Under penalty of perjury, I declare and affirm that i accompanying attachments, and that all statement			
Name of Authorized Person Addr	ress	····	
Darwin Medina Salazar	8 Lamb	eft St	
City/Town	State	Zip Code	
Cranston	R1	02910	
Signature of Authorized Person		Date	
Awrein mortas		2/28/25	

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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:

February 28, 2025 01:54 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

