RI SOS Filing Number: 202566606670 Date: 3/7/2025 3:42:00 PM



## State of Rhode IslandDepartment of State - Business Services Division

## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

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

ne limited liability company to be organized hereby:  1. The name of the limited liability company is:	<del></del>		
JRK STAFFING AGENCY LLC			
2. The name and address of the initial resident agent/office in	Rhode Island is:		
JOELYN K GBUSSEH			
Street Address (NOT a P.O. Box) 60 NORTON ST			
City/Town PAWTUCKET	State RHODE ISLAN	Zip Code 02860	
<ol> <li>Under the terms of these Articles of Organization and any the limited liability company is intended to be treated for purp</li> </ol>	written operating agreement oses of federal income taxati	made or intended to be made, on as (CHECK ONE BOX):	
a disregarded as an entity separate from its men	nber (single member LLC)		
a partnership			
a corporation			
4. The address of the principal office of the limited liability con	npany, if it is determined at the	he time of organization:	
Street Address 60 NORTON ST			
City/Town PAWTUCKET	State RI	Zip Code 02860	
5. The limited liability company has the purpose of engaging until dissolved or terminated in accordance with RIGL <u>7-16</u> , until Section 6 of these Articles of Organization.	in any lawful business, and s inless a more limited purpose	shall have perpetual existence e or duration is set forth in	
		FILED	
	4.8	AD A 7 2025	
MAR 0 7 2025			
	ву	HNOR	
MAIL TO: Division of Business Services		H	
148 W. River Street, Providence, Rhode Island 02904-2615			

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 managed by its:						
You MUST check one box:						
Members (Owners) DO NOT complete the chart be	elow.	OR	Manag	ger(s). Complete the chart below.		
	MAN	AGER(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 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					
JOELYN GBUSSEH	60 NORTON ST					
City/Town		State		Zip Code		
PAWTUCKET		RI		02860		
Signature of Authorized Person		Date				
J. K. Gbusseh		03/07/2025				

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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:

March 07, 2025 03:42 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

