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Department of State - Business Services Division

REC'D RIDGS 8SIES 25 HGR LE ARTITIMEZ

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:

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The name of the limited liability company is:			
TTT Solutions, LLC			
2. The name and address of the initial resident agent/office in Rhode Island is:			
Agent Name Radhames Familia			
Street Address (NOT a P.O. Box) 555 N Main St #1238			
City/Town Providence	State RHODE ISLAND	Zip Code 02904	
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 555 N Main St #1238			
City/Town Providence	State RI	Zip Code 02904	
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

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Additional provisions, if any, not inconsiste of Organization, including, but not limited to, company is formed, and any other provision.	any limitation of the pr	e member(s) elect to have set forth in these Articles ourpose(s) or duration for which the limited liability ed in an operating agreement:
		Check this box to indicate attachment
7. The Limited Liability Company is to be ma	naged by its:	
You MUST check one box:		
Members (Owners) DO NOT complete the chart b	OR elow.	Manager(s). Complete the chart below.
	MANAGER(S) NAM	ADDRESS
	<u>. </u>	Check this box to indicate attachment
Date when these Articles of Organization v	vill be effective: CHEC	
✓ Date received (Upon filing)		
Later effective date (Date must be no mo	ore than 90 days from	n the date of filing)
Under penalty of perjury, I declare and affirm accompanying attachments, and that all state		d these Articles of Organization, including any rein are true and correct.
Name of Authorized Person	Address	
Radhames Familia	51 Gloria St	
City/Town	State	Zip Code
Pawtucket	RI	02861
Signature of Authorized Person		Date
1///		03/12/2025

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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 13, 2025 11:32 AM

Gregg M. Amore Secretary of State

Treg M. Coure

