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State of Rhode Island

Department of State - Business Services Division

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Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

		-		
Pursuant to the provisions of Pure (148), the following Articles of Organithe limited liability company to be organized hereby:	nization are adopted for			
The name of the limited liability company is:				
My Paris Apartment LLC				
2. The name and address of the initial resident agent/office in Rhode	Island is:			
Agent Name Toni Chandler				
Street Address (NOT a P.O. Box) 10 Phillips street				
North Kingstawn	State RHODE ISLAND	Zip Code 02852		
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, i	f it is determined at the time	e of organization:		
Street Address 10 Phillips st.				
De. Kingstown	State	Zip Code 0285 2		
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.				

FILED

MAR 13 2025 BY 24CD 2 156 17.15

MAIL TO:

Division of Business Services

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

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

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 which may be included in an operating agreement.			
		Charlethia hay to indicate attachment	
7. The Limited Liability Company is to be mar	raged by ite:	Check this box to indicate attachment	
You MUST check one box:	ageu by its.		
FOU MIDS E CHECK ONE DOX.			
Members (Owners) OR Manager(s). Complete the chart below.			
	MANAGER(S) NAME	ADDRESS	
	· · · · · · · · · · · · · · · · · · ·		
		10 Phillips st	
	Toni Chandler	no Phillips st. No Kingstown RI 02852	
		3	
		·	
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		
Joni Chandler	10 Phillips st.		
City/Town	State	Zip Code	
No Kingstown	RI	02852	
Signature of Authorized Person	:	Date	
		March 4 2025	
		1 101011 7 2020	

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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 12:15 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

