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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 <u>RIGL 7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	nization are adopted for				
The name of the limited liability company is:					
24-7 Electrical 1	-hC				
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name Eric R. Krause					
Street Address (NOT a P.O. Box) 239 Gray St.					
City/Town	State	Zip Code			
Providere	RHODE ISLAND	02909			
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 239 Gray St.					
I City/Town	State	Zip Code			
Providence	R·士.	02909			
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 MAR 1 3 2025 BY J M E 19

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:				
the state of the s	· may be maded in	an operati	ig 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 below.	OR	Mana	ger(s). Complete the chart below.	
MAI	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 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				
Eric R. Krause 239 Gray St.				
City/Town	State		Zip Code	
Providence	R.I.		02909	
ature of Authorized Person Date		Date		
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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 02:09 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

