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State of Rhode Island

Department of State - Business Services Division

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STAMP

SECRETARY OF STATE

## **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 Orga the limited liability company to be organized hereby:	nization are adopted for			
1. The name of the limited liability company is:				
ortiz Painting and Service, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name				
Jean C. Ortiz Rivera				
Street Address (NOT a P.O. Box)				
213 PlainField St				
City/Town	State	Zip Code		
Providence	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 213 Plany Field St				
City/Town	State	Zip Code		
Providence	KC	P0P50		
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.				

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MAR 1 7 2025

BY W948 4 114

MAIL TO:

**Division of Business Services** 

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

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

•	any limitation of the purp	nember(s) elect to have set forth in these Articles pose(s) or duration for which the limited liability in an operating agreement:	
<b>3000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000, 1000,</b>	• • • • • • • • • • • • • • • • • • •		
		Check this box to indicate attachment	
7. The Limited Liability Company is to be man	aged by its:		
You MUST check one box:		<del></del>	
Members (Owners) DO NOT complete the chart be	OR elow.	Manager(s). Complete the chart below.	
	MANAGER(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)			
<u> </u>			
Later effective date (Date must be no mo			
Under penalty of perjury, I declare and affirm to accompanying attachments, and that all states			
Name of Authorized Person	Address		
Jean cortic	213 Plain F		
City/Town	State	Zip Code	
Providence	RI	P0P50	
Signature of Authorized Person	•	Date	
20son seen		3/17/2025	

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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 17, 2025 11:46 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

