RI SOS Filing Number: 202567332820 Date: 3/18/2025 9:56:00 AM



State of Rhode Island **Department of State - Business Services Division** 

## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGI. 7-16, the following Articles of Organization are adopted for

the limited liability company to be organized hereby:	median are adopted for			
The name of the limited liability company is:				
Gospel Security LU				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Zoe miller				
Street Address (NOT a P.O. Box)				
32 Tobin Street				
City/Town	State	Zip Code		
mest Marmick	RHODE ISLAND	02893		
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 32 TODIN Street				
City/Town	State	Zip Code		
west warwick	RI	02893		
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.				
	FIL	ED		

MAIL TO:

**Division of Business Services** 

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

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

FORM 400 Revised 12/2023

		ember(s) elect to have set forth in these Articles	
of Organization, including, but not limited to company is formed, and any other provision		ose(s) or duration for which the limited liability an operating agreement:	
	·		
7. The Limited Liability Company is to be r	managed by its:	Check this box to indicate attachment	
You MUST check one box:	managed by its.		
Members (Owners)  DO NOT complete the chai	OR rt below.	Manager(s). Complete the chart below.	
	MANAGER(S) NAME	ADDRESS	
		Check this box to indicate attachment	
8. Date when these Articles of Organizatio	n will be effective: CHECK	ONE BOX ONLY	
Date received (Upon filing)			
Later effective date (Date must be no	more than 90 days from the	o data of filing)	
	•	<b>*</b> ·· -	
Under penalty of perjury, I declare and affil accompanying attachments, and that all st			
Name of Authorized Person	Address		
Doniso Ductos	32 TObis	a street	
City/Town	State	Zip Code	
West Werwick	27-	11200	
Signature of Authorized Person	N E.	02893 Date	
		_ / /	
Demse Henry		3/18/25	
		/ /	

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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 18, 2025 09:56 AM

Gregg M. Amore Secretary of State

Treg M. Coure

