

# State of Rhode Island Office of the Secretary of State

Fee: \$150.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Articles of Organization

(Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended)

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The name of the limited liability company is: Buca, LLC

#### **ARTICLE II**

The street address (post office boxes are not acceptable) of the limited liability company's registered agent in Rhode Island is:

No. and Street: ONE COURTHOUSE SQUARE

City or Town: NEWPORT State: RI Zip: 02840

The name of the resident agent at such address is: <a href="Mailto:CRYSTAL L. COLLINS">CRYSTAL L. COLLINS</a>

# **ARTICLE III**

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 only

\_\_ disregarded as an entity separate from its member X a partnership \_\_ a corporation

## **ARTICLE IV**

The address of its principal office of the limited liability company if it is determined at the time of organization:

No. and Street: 23 MOUNT VERNON STREET

City or Town: NEWPORT State: RI Zip: 02840 Country: USA

### **ARTICLE V**

The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article VI of these Articles of Organization.

The period of its duration is: X Perpetual

#### **ARTICLE VI**

Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or any other

provision which may be included in an operating agreement:				
ARTICLE VII				
The limited liability com (check one)	pany is to be managed by its <u>X</u>	Members* or Managers		
•	• • • • • • • • • • • • • • • • • • • •	e owners) DO NOT complete the following ecked to be managed by MANAGERS.		
The name and address	of each manager:			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country		
ARTICLE VIII				
after the filing of these A  Later Effective Date: 03,  This electronic signatur  affirmation or acknowle  that individual's act and	Articles of Organization.  20/2025  The of the individual or individuals are degement of the signatory, under all deed or the act and deed of the control of	fective, not prior to, nor more than 90 days signing this instrument constitutes the penalties of perjury, that this instrument is company, and that the facts stated herein the penalties of perjury it and the facts stated herein the penalties of perjury it and the facts stated herein the penalties of perjury is 8.7.16		
are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.  Signed this 20 Day of March, 2025 at 9:48:27 AM by the Authorized Person.				
OVIDIO VITAS				
Address of Authorized 1930 LAUREL ROAD	d Signer: , WINTER PARK, FL 32789			
Form No. 400 Revised 09/07				
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