RI SOS Filing Number: 202567734840 Date: 3/21/2025 12:40:00 PM



State of Rhode Island
Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

RECURIDOS ESCO STAMP
SECRETARY OF STATE
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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		
1. The name of the limited liability company is:			
1 Law Elite Cleaning LLC			
2. The name and address of the initial resident agent/office in Rhode Island is:			
Agent Name Monique Taylor			
Street Address (NOT a P.O. Box) 746 Afwell'S Ave.			
CityTown Providence	State RHODE ISLAND	Zip Code 0 2 9 0 9	
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 746 Atwells Ave.			
City/Town Providence	State RI	Zip Code 0 290 9	
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 FILED STAMP

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6. Additional provisions, if any not inconsiste		ber(s) elect to have set forth in these Articles
of Organization, including, but not limited to,	any limitation of the purpose	e(s) or duration for which the limited liability
company is formed, and any other provision	which may be included in al	n operating agreement:
		Check this box to indicate attachment
7. The Limited Liability Company is to be ma	inaged by its:	
You MUST check one box:		
Members (Owners) DO NOT complete the chart I	OR [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 ON	IE BOX ONLY
Date received (Upon filing)		
Later effective date (Date must be no m	ore than 90 days from the d	ate of filing)
Under penalty of perjury, I declare and affirm accompanying attachments, and that all stat	that I have examined these	Articles of Organization, including any
Name of Authorized Person	Address	e true and correct.
Monique Taylor	746 Atwe	ells Ave.
City/Town	State	Zip Code
Providence	RI	02909
Signature of Authorized Person		Date
World		3/21/25
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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 21, 2025 12:40 PM

Gregg M. Amore Secretary of State

Treg M. Coure

