State of Rhode Island Department of State - Business Services Division

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FOR SECRETARY OF STATE USE ONLY

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 Organization are adopted for the limited liability company to be organized hereby:					
1. The name of the limited liability company is:					
Divine Hood Chaning LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name VENNICA E. French Street Address (NOT a P.O. Box)					
Street Address (NOT a P.O. Box)					
20 Annette Ave					
City/Town ,	State	Zip Code			
Pawtucket	RHODE ISLAND	02861			
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					
PO BOX 785					
City/Town Pawtucket	State <i>LI</i>	Zip Code 02862			
5. The limited liability company has the purpose of engaging in any la	awful business, and shall ha	ave perpetual existence			
until dissolved or terminated in accordance with RIGL 7-16, 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

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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:				
	•			
			Check this box to indicate attachment	
7. The Limited Liability Company is to be manage	d 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)				
\bowtie Later effective date (Date must be no more than 90 days from the date of filing) $= 4-1-2025$				
Under penalty of perjury, I declare and affirm that accompanying attachments, and that all statemen	ts contained here			
Name of Authorized Person Add		42		
VERUNICA E. FRENCH	PO BOX	785		
City/Town	State		Zip Code	
fawtucket	PI	_	02862	
Signature of Authorized Person			Date	
the Eight			3/31/2025	