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State of Rhode Island Department of State - Business Services Division P REC'D RIDGS BSD '25 APR 17 PM3:17:30

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:

the minica hability company to be organized hereby.				
The name of the limited liability company is:				
EWABCARETRANSPORT	LU			
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name SEWANU S SAMUEL				
Agent Name SEWANU S SAMUEL Street Address (NOI a P.O. Box) 1 OM Sted way. Apt 104 City/Town Providence State RHODE ISLAND Zip Code 02 904				
City/Town Providence	State RHODE ISLAND	Zip Code 02904		
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 corporation				
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:				
Street Address				
City/Town	State	Zip Code		
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.				

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

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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:			
	,		<u></u>
			Check this box to indicate attachment
7. The Limited Liability Company is to be managed by its:			
You MUST check one box:			
Members (Owners)	OR	☐ Mana	ager(s). Complete the chart below.
DO NOT complete the chart b			ager(to). Complete the onall below.
	MANAGER(S) NAME	-	ADDRESS
\times			
	_		
			<u> </u>
Check this box to indicate attachment			
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.			
Name of Authorized Person	Address		nd-10(/
Sevanu Samuel 1 Olmsted way-Apt 104			
City/Town	State		Zip Code
Providence	Rhodels	iland	02904
Signature of Authorized Person			Date
th A			
			1

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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:

April 17, 2025 03:17 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

