RI SOS Filing Number: 202573624890 Date: 5/27/2025 2:43:00 PM



State of Rhode Island

Department of State - Business Services Division

Articles of OrganizationDOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-18</u> the limited liability company to be organ	· •	anization are adopted for				
1. The name of the limited liability con	•					
Neighborhood	Cleaning Se	rvices LLC	•			
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name Soshua Street Address (NOT a P.O. Box) 86	Ketz					
Street Address (NOT a P.O. Box)						
86 P	ine Crest D					
City/Town Riverside		State RHODE ISLAND	Zip Code のみ915			
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)						
	y separate nom its member (si	ingle member cco/				
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		<u> </u>				
81 Taunt	on ave					
81 Taunt City/Town E. Providence		State RI	Zip Code 02914			
5. The limited liability company has th until dissolved or terminated in accord						

MAIL TO:

Division of Business Services 148 W. River Street, Providence. Rhode Island 02904-2615

Section 6 of these Articles of Organization.

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

6. Additional provisions, if any, not inconsisten				
of Organization, including, but not limited to, a company is formed, and any other provision w				mited liability
	•	7 . 5.5.		
		2 1 1 1		
7. The Limited Liability Company is to be man	aged by its:	Check t	his box to indi	cate attachment
You MUST check one box:				
Members (Owners)	OR	Manager(s). C	omplete the	rhart helow
DO NOT complete the chart be		Wallager(3). C	omplete the t	criait below.
	MANAGER(S) NAME	ADDRE	SS	•
		Check thi	s box to indic	ate attachment
8. Date when these Articles of Organization w	ill be effective: CHECK C	NE BOX ONLY	<u>-</u>	
Date received (Upon filing)				
Later effective date (Date must be no mo	re than 90 days from the	date of filing)		
— Under penalty of perjury, I declare and affirm t				ding any
accompanying attachments, and that all states Name of Authorized Person	ments contained herein a Address	re true and correct	•	
		0,	_ +	ı
Joshva Ketz	829 86	Pine C		dr
City/Town	State	Zip Cod		
Riverside	KI	02	915	
Signature of Authorized Person		Date		
		6	-27-2	5

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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:

May 27, 2025 02:43 PM

Gregg M. Amore Secretary of State

Treg M. Coure

