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Department of State - Business Services Division

Articles of Organization DOMESTIC Limited Liability Company

| → Filing Fee: \$150.00 | | 51) 12:23 |
|---|--|--|
| Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Organ the limited liability company to be organized hereby: | nization are adopted for | |
| The name of the limited liability company is: Golden Torch Financial, LLC | | |
| 2. The name and address of the initial resident agent/office in Rhode | Island is: | |
| Agent Name Macalister Slepkow | | |
| Street Address (NOT a P.O. Box) 1481 Wampanoag Trail | | |
| City/Town East Providence | State RHODE ISLAND | Zip Code 02915 |
| 3. Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of | | |
| a disregarded as an entity separate from its member (single partnership✓ a corporation | ngle member LLC) | |
| 4. The address of the principal office of the limited liability company, i | f it is determined at the time | e of organization: |
| Street Address 109-111 Airport Road, Unit 3 | | |
| City/Town Warwick | State RI | Zip Code 02889 |
| 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. | awful business, and shall ha more limited purpose or du | ive perpetual existence ration is set forth in |
| | | FILED |

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

| 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: | | | | | | |
|---|----------------------|---------|--|---|--|--|
| The business purpose of this limited liability company is to provide professional services as Certified | | | | | | |
| Public Accountants pursuant to R.I.G.L. 7-5.1 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | 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 Manager(s). Complete the chart below. | | | | | | |
| | MANAGER(| S) NAME | | ADDRESS | | |
| | Robert Verga | ara | | 109-111 Airport Road, Unit 3 Warwick, RL 02889 | | |
| | | | | | | |
| 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 | | | | | |
| Macalister Slepkow | 1481 Wampanoag Trail | | | | | |
| City/Town | State | | | Zip Code | | |
| East Providence | RI | | | 02915 | | |
| Signature of Authorized Person Date | | Date | | | | |
| \mathcal{A} | | | | 5/20/25 | | |

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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:

May 29, 2025 11:52 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

