RI SOS Filing Number: 202574108830 Date: 6/2/2025 3:55:00 PM



State of Rhode Island Department of State - Business Services Division

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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 Organthe limited liability company to be organized hereby:	nization are adopted for		
The name of the limited liability company is:			
Nacho Problem Handyman Service	S. LLC		
2. The name and address of the initial resident agent/office in Rhode			
Agent Name		٠, ٠	
Brian Adams			
Street Address (<u>NOT</u> a P.O. Box)			
20 Reservoir Avenue Manville			
City/Town	State	Zip Code	
Manville	RHODE ISLAND	02838	
 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 member LLC)			
a partnership			
a corporation			
4. The address of the principal office of the limited liability company, if	f it is determined at the time	e of organization:	
Street Address			
20 RESERVOIR AVENUE Manville			
City/Town	State	Zip Code	
Manville	RI	n2838	
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL 7-16 unless a		• •	

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

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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:				
N A				
11/ 11		Check this box to indicate attachment		
7. The Limited Liability Company is to be mana	ged by its:			
You MUST check one box:				
Members (Owners) DO NOT complete the chart belo	OR Ow.	Manager(s). Complete the chart below.		
N	MANAGER(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)				
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.				
	Address			
Prima Adams				
BYLAN Adams 1	State	Avenue Manville Zip Code		
City/10Wil	State	Zip Code		
Manuille	l KI	02838		
Signature of Authorized Person		Date		
ACHO		0610212025		

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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:

June 02, 2025 03:55 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

