

## Articles of Organization DOMESTIC Limited Liability Company

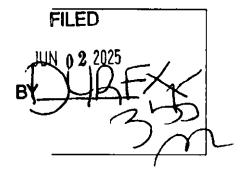
→ Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	nization are adopted for		
The name of the limited liability company is:		<u> </u>	
Nacho Problem Handyman Service	S. LLC		
2. The name and address of the initial resident agent/office in Rhode			
Agent Name			
Brian Adams			
Street Address ( <u>NOT</u> a P.O. Box)			
20 Reservoir Avenue Manville		· · · · · · · · · · · · · · · · · · ·	
City/Town	State	Zip Code	
Manville	RHODE ISLAND	0.2838	
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			
20 RESERVOIR AVENUE MANVILLE			
City/Town	State	Zip Code	
Manville	RI	na838	
5. The limited liability company has the purpose of engaging in any la until 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



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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) <b>DO NOT</b> complete the chart belo	OR Ow.	Manager(s). Complete the chart below.		
N	MANAGER(S) NAME	ADDRESS		
	<del></del>			
	<del> </del>			
		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 the accompanying attachments, and that all statem		• • • • • • • • • • • • • • • • • • • •		
	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		