RI SOS Filing Number: 202574360210 Date: 6/9/2025 4:04:00 PM



State of Rhode Island Department of State - Business Services Division

REC'D RIDOS BSD 25/25 JUN 9 PH4:04;21

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 limited liability company to be organized hereby:				
The name of the limited liability company is:				
Pulse Power Electric LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Jonathan Riva				
Street Address (NOT a P.O. Box)	10 wayne St.			
City/Town Warwick	State RHODE ISLAND	Zip Code 01889		
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 40 wayne St				
City/Town Warwick	State RT	Zip Code 0288 9		
5. The limited liability company has the purpose of engaging in any luntil dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.		•		

FILED 4:34 P

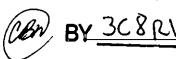
JUN 0:9 20**25** -

MAIL TO:

Division of Business Services

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

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



		nember(s) elect to have set forth in these Articles	
company is formed, and any other provision		pose(s) or duration for which the limited liability in an operating agreement:	
		Check this box to indicate attachment	
7. The Limited Liability Company is to be n	nanaged by its:		
You MUST check one box:			
Members (Owners) OR DO NOT complete the chart below. Manager(s). Complete the chart below.			
	MANAGER(S) NAME	ADDRESS	
	<u> </u>		
		Check this box to indicate attachment	
8. Date when these Articles of Organization	n will be effective: CHECK	CONE BOX ONLY	
☑ Date received (Upon filing)			
Later effective date (Date must be no	more than 90 days from th	he date of filing)	
Under penalty of perjury, I declare and affii accompanying attachments, and that all st	m that I have examined the atements contained herein	hese Articles of Organization, including any n are true and correct	
Name of Authorized Person	Address		
Jonathan Rena	1 40 watne	St	
City/Town	State	Zip Code	
Warwick	KI	07889	
Signature of Authorized Person		Date	
bonathan Kon		06/09/25	
			

RI SOS Filing Number: 202574360210 Date: 6/9/2025 4:04:00 PM



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 09, 2025 04:04 PM

Gregg M. Amore

Secretary of State

Treg M. Coure

