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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 Orga the limited liability company to be organized heraby:	nization are adopted for	L		
The name of the limited liability company is:				
Hill & Harbour Fire Protection, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name PATRICK _ DRUMM				
Street Address (NOT a P.O. Box) 875 Division Street				
City/Town East Greenwich	State RHODE ISLAND	Zip Code 02818		
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 corporation				
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:				
Street Address 875 Division Street				
City/Town East Greenwich	State RI	Zip Code 02818		
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.				

## RI DOS MADE EDITS PER FILER

FILED 2:01 P

JUN 25 2025

MAIL TO:

Division of Business Services

146 W River Street Providence Phode Island 0200

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

Phone: (401) 222-3040 Website: www.sos.n.gov BY RT5x6

<u> </u>				
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:				
			Check this box to indicate attachment	
7. The Limited Liability Company is to be mana	ged by its:			
You MUST check one box:				
1				
Members (Owners)	OR	Mana	iger(s). Complete the chart below.	
DO NOT complete the chart below.				
N	MANAGER(S) NAME	<del></del>	ADDRESS	
	. ,			
l \ /  -	<del></del>			
	-			
Check this box to indicate attachment				
B. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY				
<b>☑</b> Date received (Upon filing)				
Light of the state				
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 A	Address			
Patrick Drumm	875 Division Street			
67.5 DIVISION Street				
Crty/Town	State	· -	Zip Code	
East Greenwich	RI		20040	
Last Oreenwich	Ni		02818	
Signature of Authorized Person	· · · · · · · · · · · · · · · · · · ·		Date	
		DELOCIOE		
		06/25/25		

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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:

June 25, 2025 02:01 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

