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Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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the limited liability company to be organized hereby: 1. The name of the limited liability company is:						
Diarra Auto Sales LLC						
2. The name and address of the initial resident agent/office in Rhode	Island is:					
Agent Name Bakary Diarra	·					
Street Address (NOT a P.O. Box) 139 Dante Street		Apt 2				
City/Town Providence	State RHODE ISLAND	Zip Code02908				
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):						
partnership or						
a corporation or						
disregarded as an entity separate from its member(s)						
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:						
Street Address 139 Dante Street	,	Apt 2				
City/Town Providence	State	Zip Code02908				
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				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 11 2025 BY STWAF

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6. Additional provisions, if any, not consistent 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:						
7 The Limited Liability Company	is to be managed by:		Check this b	ox to indicate attachment L		
7. The Limited Liability Company is to be managed by: You MUST check one box: Its member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.) One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)						
MANAGER	ADDRESS		** •	· · · · · · · · · · · · · · · · · · ·		
	-					
8. Date when these Articles of On	ganization will be effe	ctive:	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 Bakary Diarra		Address 139 Dante Street		Apt 2		
City/Town			State	Zip Code		
Providence			RI	02908		
Signature of Authorized Person Bakary Diarra				Date 7/11/2025		

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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:

July 11, 2025 08:45 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

