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State of Rhode Island
Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: $150.00

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Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability company is: KEYSTONE ASSET RECOVERY, LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name	Alfred A. Russo Jr		
Street Address (NOT a P.O. Box)	1405 Plainfield Street		
City/Town	JOHNSTON	State RHODE ISLAND	Zip Code 02919

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**):

- [X] 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	P.O. Box 19276		
City/Town	JOHNSTON	State RI	Zip Code 02919

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 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

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JUL 14 2025
BY EQMJ

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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 managed by its:

You **MUST** check one box:

☒ Members (Owners) **DO NOT** complete the chart below. **OR** ☐ Manager(s). Complete the chart below.

	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.

Name of Authorized Person	Address		
John Lough	P. O. Box 19276		
City/Town	**State**	**Zip Code**	
JOHNSTON	RI	02919	
Signature of Authorized Person		**Date**	
		July 8, 2025	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

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 14, 2025 01:52 PM

Gregg M. Amore
Secretary of State