

## State of Rhode Island Office of the Secretary of State

**Division Of Business Services** 148 W. River Street Providence RI 02904-2615 (401) 222-3040

**FILED** 

AUG 1 3 2025

**Limited Liability Company** Articles of Organization

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, , ,	<ul> <li>Hein with this form</li> </ul>

Fee: \$150.00

		ARTICLE I			
The name of th	The name of the limited liability company is: A & K Construction and Design LLC				
		ARTICLE II			
The street addi is:	ess (post office boxes are not acceptate	able) of the limited liability company's registered	agent in Rhode Island		
No. and Street:	46 S MAIN ST	*** * · ·			
City or Town:	PASCOAG	State: RI	Zip: '02859		
The name of th	e resident agent at such address is:	TIMOTHY SHAWN DONOAVAN			
	!	ARTICLE III			
The address of	f its principal office of the limited liability	ARTICLE IV y company if it is determined at the time of organ	nization:		
No. and Street:	46 S MAIN ST				
City or Town:	PASCOAG	State: RI Zip: 02859	Country: USA		
ARTJCLE V					
	pility company has the purpose of enga-	aging in any lawful business, unless a more limite	ed purpose is set forth		
	these Articles of Organization.				
in Article VI of t		(mm/dd/yyyy)			
in Article VI of t	these Articles of Organization.	♦ (mm/dd/yyyy)			

					<i>!</i> :	
		ARTIC	CLE VII			
The limited liabili	ity company is to be managed by	its   Merr	nbers* or C	) Managers (cl	check one)	
complete the fol	d to be managed by your MEMB Illowing section if you checked				owing section. <u>Or</u>	IJy
The name and ac	ddress of each manager:				<u> </u>	
Delete	Name		Address, Cit	Address ty or Town, State, Zip Coo	Me Country	
				y 01 10 mi, 5.2	Je, Couring	
First Name:	Middle Name.	<b></b>	Last Name.		Suffix.	
Address.	City:		State:	Zip:	Country.	!
Address.	•				Clear	Add
		ARTIC	LE VIII		<del></del>	
The date these A Articles of Organic			e, not prior to, no	r more than 90 day	s after the filing of	these
Contact Name:	name, mailing address and email. TIMOTHY SHAWN DONOA\	*				-
Business Name:	Train Sonotidotton and Book	gn LLC				
No. and Street:	46 S MAIN ST		- Same Addres	ss as -		
City or Town:	Pascoag	; !	State: RI	Zip:  02859	Country: U	JSA
Contact Phone:	ext:					
Contact Email:	-				I	Clear
acknowledgeme deed or the act electronic filing Signed this 13	signature of the individual or ent of the signatory, under pent and deed of the company, and g, in compliance with R.I. Gen  Day of August, 2025 at 2:29	nalties of pe d that the fa 1. Laws § 7-	erjury, that this acts stated herei -16.	instrument is tha in are true, as of	at individual's act	
TIMOTHY SHAV	WN DONOAVAN	:				
Address of Au	thorized Signer:					

46 S MAIN S PASCOAG RI	T	
02859		
:		
	Du colocting ACCEDT you benefit acknowledge that this	
	By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I.	
	O Accept O Decline	
	Click HERE to Submit This Information	
Form No. 400 Revised 09/07		
اد ½ 2007 - 2025 S All Rights Reserve	State of Rhode Island ad	? Help