RI SOS Filing Number: 202577917970 Date: 8/29/2025 11:04:00 AM



State of Rhode Island Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVGS DIV

Articles of Organization
DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

2025 AUG 29 A 11: 04

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:			
The name of the limited liability company is:	···		
Signature Renovation Group, LLC			
2. The name and address of the initial resident agent/office in Rhode	Island is:		
Agent Name Joel Fournier			
Street Address (<u>NOT</u> a P.O. Box) 45 East Terrace			
City/Town Portsmouth	State RHODE ISLAND	Zip Code 02871	
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 46 East Terrace			
City/Town Portsmouth	State RI	Zip Code 02871	
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.		•	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-2040

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

Additional provisions, if any, not inconsiste of Organization, including, but not limited to, company is formed, and any other provision	any limitation of the purpose(s) or d	uration for which the limited liability
Home renovation and restoration		
		Check this box to indicate attachment
7. The Limited Liability Company is to be ma	naged by its:	
You MUST check one box:		
Members (Owners) DO NOT complete the chart to	OR Mana	ager(s). Complete the chart below.
	MANAGER(S) NAME	ADDRESS
	Leaf Faceline	
	Joel Founier	45 East Terrace Portsmouth, RI 02871
	Joe Timilty (Member) Kerri Renshaw (Member)	20 George St, Attleboro, MA 027 10 Chaplin St, Newport, RI 02840
	1	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 m	ore than 90 days from the date of fil	ing)
Under penalty of perjury, I declare and affirm accompanying attachments, and that all state		
Name of Authorized Person	Address	
Joel Founier	45 East Terrace	
City/Town	State	Zip Code
Portsmouth /	RI	02871
Signature of Authorized Person		Date
	_	1/18/25

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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:

August 29, 2025 11:04 AM

Gregg M. Amore Secretary of State

Treg M. Coure

