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**Articles of Organization**DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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1. The name of the limited liability company is:								
GUERREPZO CONSTRUCTION LLC								
2. The name and address of the initial resident agent/office in Rhode Island is:								
Agent Name REINALOS ERAZO								
Street Address (NOT a P.Q. Box)  221 HALLENE ST UNITC								
State RHODE ISLAND	Zip Code 0 Z 986							
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 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 27 DETWIT ST								
State PT	Zip Code 02 907							
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.								
	State RHODE ISLAND  operating agreement made of federal income taxation as angle member LLC)  fit is determined at the time of the state of the stat							

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT - 2 2025 ...

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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.  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 cornect  Name of Authorized Person  VISTOL GUBBLERD  Signature of Authorized Person  XUSTOL GUBBLERD  Date										
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