



State of Rhode Island
Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

STAMP

RECEIVED
25 OCT 3 AM 10:02:10
STATE OF RHODE ISLAND
DEPARTMENT OF STATE

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:

A Care LLC

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

Agent Name

Juan Carlos Cuellar

Street Address (NOT a P.O. Box)

45 Earle Dr

City/Town

North Kingstown

State

RHODE ISLAND

Zip Code

02852

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

45 Earle Dr

City/Town

North Kingstown

State

Rhode Island

Zip Code

02852

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.

FILED

OCT 03 2025

BY KN JARRY

10:02AM

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)

OR



Manager(s). Complete the chart below.

DO NOT complete the chart below.

	MANAGER(S) NAME	ADDRESS
	Liliana Cuellar	45 Earle Dr North Kingstown RI 02882

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) 01-01-2026

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

Juan Carlos Cuellar

Address

45 Earle Dr

City/Town

North Kingstown

State

Rhode Island

Zip Code

02852

Signature of Authorized Person

Date

10/3/25

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.