RI SOS Filing Number: 202579508680 Date: 10/6/2025 2:07:00 PM



## **Articles of Organization**DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Duranted to the previous of DICL 7.46 the following Artistan of Opposite times are adopted for						
Pursuant to the provisions of RIGL 7-16, the following Articles of Organ the limited liability company to be organized hereby:	Alzation are adopted to:					
1. The name of the limited liability company is:						
IDA GOODIES LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name IDAYAT A ODIH						
Street Address (NOT a P.O. Box) 171 UNIT STREET						
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02909				
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 171 UNIT STREET						
City/Town PROVIDENCE	State RI	Zip Code 02909				
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.						

MAIL TO:

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

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

FORM 400 - Revised 12/2023

<ol> <li>Additional provisions, if any, not inconsiste of Organization, including, but not limited to, company is formed, and any other provision</li> </ol>	any lii	mitation of the purpo	se(s) or du	ration for which the limited liability	
				_	
				Check this box to indicate attachment	
7. The Limited Liability Company is to be ma	naged	I by its:			
You MUST check one box:					
Members (Owners) DO NOT complete the chart b	elow.	OR	Mana	ger(s). Complete the chart below.	
	MAI	NAGER(S) NAME		ADDRESS	
		<del> </del>	C	Check this box to indicate attachment	
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY					
Date received (Upon filing)	-				
01/01/2026					
Later effective date (Date must be no m			<del></del>		
Under penalty of penjury, I declare and affirm accompanying attachments, and that all state					
Name of Authorized Person	Address				
IDAYAT A ODIH	171 UNIT STREET				
City/Town		State		Zip Code	
PROVIDENCE		RI		02909	
Signature of Authorized Person		Date			
		10/06/2025			

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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:

October 06, 2025 02:07 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

