

State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



Articles of Organization Limited Liability Company

Filing Fee: \$150.00

Pursuant to the provisions of \underline{R} to be organized hereby:	<u>IGL 7-16</u> , the following	g Articles of Organization are adopt	ted for the limited liability company
1. The name of the limited liab	oility company is:		
KEB Consulting, LLC			
2. The name and address of the	ne limited liability comp	pany's resident agent in Rhode Isla	and is:
Name Karen Buttenbaum			
Street Address (<u>NOT</u> a P.O. Bo 27 Brayton Street	ox)		
City/Town East Greenwich	State	RHODE ISLAND	Zip Code 02818
the limited liability company is a partnership or a corporation or disregarded as an e	entity separate from its		xation as (check ONE box):
4. The address of the principal Street Address 27 Brayton Street	office of the limited lia	ability company if it is determined at	t the time of organization:
City/Town East Greenwich	State RI		Zip Code 02818
5. The limited liability company until dissolved or terminated in Section 6 of these Articles of O	accordance with RIGL	ngaging in any lawful business, and L 7-16, unless a more limited purpo	d shall have perpetual existence ose or duration is set forth in

11:04

FILED

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Form No. 400 Revised: 2015

None					
TOWN CONTRACTOR NO. CO.		oliopytyj ak k	**************************************	Che	eck this box to indicate attachment
7. The Limited Liability Co	ALCOHOLOGICAL AND ALCOHOLOGICA AND A	ged by:	지는 최고 소설하는 . -	y à - Et belongelen	
You MUST check one bo		ox, skip to Se	ection 8. f)o not fill ou	if the chart below.)
	nager(s) (If the limited e the name and addres				at the time of the filing of these Articles
MANAGER	BUSINESS A		anager o	siow.,	
				 .	
	·				
8. Date when these Article	e of Organization will	be effective:	CHECK	ONLY ONE	BOX
Date received (Upon	filing)				
Later effective date (I	Date must be no more	than 30 days	s from the	a day of filing	1/1/2017 3)
Under penalty of perjury, I	declare and affirm tha	it I have exam	nined the	se Articles o	of Organization, including any accom-
panying attachments, and			e and correc		
Name of Authorized Person		Addre	27 Brayton Street		
Karen Buttenbaum	State	ayion one	<u> </u>		
City/Town East Greenwich	RI		Zip Code 02818	•	
Signature of Authorized Person	on			<u>. </u>	Nov 22, 2016

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.

Form No. 400 Revised: 2015 I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

