



# LIMITED LIABILITY COMPANY AUTHORIZATION FORM



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Phone: (401) 334-4770

Please **FULLY** read and complete the applicable sections of this form. Our office will prepare the LLC's Articles of Organization and Operating Agreement, if applicable, and obtain the Federal Identification Number from the IRS. Once this form is completed, please email or fax it to us using the contact information provided above. If you have any questions please feel free to contact us.

## GENERAL LLC INFORMATION

State of organization: \_\_\_\_\_  
LLC name: \_\_\_\_\_  
Alternative LLC name: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Name of registered agent (must reside in the state of organization): \_\_\_\_\_  
Primary residential address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Will the LLC be perpetual in duration?  Yes  No, what will be the duration? \_\_\_\_\_

Is the LLC existence to begin upon filing?  Yes  No, what date will the LLC come into effect? \_\_\_\_\_

If applicable, how many employees will the LLC have? \_\_\_\_\_  
What is the date the first wages or annuities were/will be paid to the employees? \_\_\_\_\_

## LLC PURPOSE

Purpose of forming the LLC: \_\_\_\_\_  
If the purpose is for real estate, what is the property address of the real estate being purchased or sold? \_\_\_\_\_  
Name of your realtor: \_\_\_\_\_  
Realtor phone number: \_\_\_\_\_  
Realtor email address: \_\_\_\_\_

## LLC TAX INFORMATION

How will the LLC be taxed for federal tax purposes? (verify with your accountant)  
 Disregarded as an entity (only applicable to sole member LLCs)  
 Partnership  
 Corporation

## LLC MEMBER INFORMATION

Member name: \_\_\_\_\_  
Primary residential address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Social security number: \_\_\_\_\_

Percentage of ownership percentage: \_\_\_\_\_

Member name: \_\_\_\_\_

Primary residential address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Social security number: \_\_\_\_\_

Percentage of ownership percentage: \_\_\_\_\_

Member name: \_\_\_\_\_

Primary residential address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Social security number: \_\_\_\_\_

Percentage of ownership percentage: \_\_\_\_\_

Member name: \_\_\_\_\_

Primary residential address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Social security number: \_\_\_\_\_

Percentage of ownership percentage: \_\_\_\_\_

Would you like the LLC to be member-managed or manager-managed?

Member-managed (all members have collective control over company decisions)

Manager-managed (a professional manager or one or more elected members have control over company decisions)

The undersigned agrees to form \_\_\_\_\_, LLC, (the "Company") as a Limited Liability Company pursuant to the provisions of Chapter 7-16 of the General Laws of Rhode Island, 1956, as amended, and authorize **Brianna Andreoni** and **Loriann Donahue** to execute the Articles of Organization, and any amendments for the Company in the form provided to the undersigned and to deliver the same with the applicable filing fee for filing to the Rhode Island Secretary of State.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date