3

. -

<b>A</b>	State of Rhode Island Department of State - Business Services I	Division	RECEIVED B.I. DEPT. OF STATE		
	eles of Organization	EUSISVES, DIV			
DOMESTIC Limited Liability Company			2023 NOV 2,7, P 12: 28		
	iling Fee: \$150.00		USE ONLY		
	nt to the provisions of <u>RIGL 7-16</u> , the following Articles of ed liability company to be organized hereby:				
1. The	name of the limited liability company is:				
	G Investments LLC name and address of the initial resident agent/office in	Rhode Island is:			
Agent Name					
Ţ,	SA VILLANNETAL				
Street Address (NOT a P.O. Box)					
05 Windmill St.					
City/To		State RHODE ISLAND	Zip Code		
<u> </u>	widence		02904		
	er the terms of these Articles of Organization and any v ited liability company is intended to be treated for purpo				
a disregarded as an entity separate from its member (single member LLC)					
a partnership					
	a corporation				
A The					
	address of the principal office of the limited liability corr Address	pany, init is determined at the tim	le of organization.		
City/Te		State	Zin Code		
City/To	WI	State	Zip Code		
until di	limited liability company has the purpose of engaging in solved or terminated in accordance with RIGL <u>7-16</u> , ur n 6 of these Articles of Organization.	a any lawful business, and shall h less a more limited purpose or d	ave perpetual existence uration is set forth in		
			1 ATHED 1213		
			WITFILED 120		
			NOV 27 2023		

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov . : -

٠

BY UVATC

6. Additional provisions, if any, not consistent of Organization, including, but not limited to, a company is formed, and any other provision v	any limitation of the purpo	ose(s) or duration for which the limited liability			
		Check this box to indicate attachment			
7. The Limited Liability Company is to be man	laged by its:				
You MUST check one box:	-				
Members (Owners) DO NOT complete the chart be	OR elow.	Manager(s). 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 mo	ore than 90 days from the	e date of filing) <u>01/01/2024</u>			
Under penalty of perjury, I declare and affirm accompanying attachments, and that all state		· · · · · · · · · · · · · · · · · · ·			
Name of Authorized Person	Address				
Lisa VILLAREAC	85 Windmi	ill St			
City/Town Providence	State PT	Zip Code 02 90 4			
Signature of Authorized Person		Date			
Nulan	0	11/27/2023			

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.

٠

\$.

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

November 27, 2023 12:28 PM

Treng M. Course

Gregg M. Amore Secretary of State

