Filing Fee: \$150.00

<b>ID Numbe</b>	r: _	
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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division

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

## LIMITED LIABILITY COMPANY

## **ARTICLES OF ORGANIZATION**

The	name of the limited liability company is:					
S.P.	. Rhode Island Development Associates, LLC					<b></b>
. The	address of the limited liability company's resident ago	ent in Rhode Island is:			က် ကာ	
30	Exchange Terrace	Providence	, RI	02903	} =====	(A) (A) (C)
30	(Street Address, not P.O. Box)	(City/Town)		-	(Zip Code	) <b>2 3</b>
		William R. Landry, Esq.			-	
and	the name of the resident agent at such address is	(Name of A	(gent)			
Und the	ler the terms of these Articles of Organization and any timited liability company is intended to be treated for particles.	e box only)	xation as	S.		
the l	limited liability company is intended to be treated for partial (Check one appropriate a corporation or corporation or a corporation or a corporation or a corporation or corpo	purposes of federal income ta e box only)  disregarded as an e	ntity sepa	s: arate fro	om its n	nember
the	limited liability company is intended to be treated for p	purposes of federal income ta e box only)  disregarded as an e	ntity sepa	s: arate fro	om its n	nember
the	timited liability company is intended to be treated for proceed to be treated for proceed to be treated for proceed to be treated for proceeding to the limited liability contains the company of the limited liability contains the limited liability liability liability contains the limited liability liab	purposes of federal income tage box only)  disregarded as an expension of the company if it is determined at	ntity sepa	s: arate fro	om its n	nember

Form No. 400 Revised: 09/06

B1	•	ich may be included in an operating agreement:
None		
Management of the	he Limited Liability Company:	
		(Fire who should this have go to item
A. The limited lia	ability company is to be manag	led vits members. (If you have checked this box, go to item
		<u>or</u>
company ha	liability company is to be ma as managers at the time of each manager.)	naged by one (1) or more managers. (If the limited liability the filing of these Articles of Organization, state the name and
Man	ager	<u>Address</u>
	Articles of Organization are to b	pecome effective, if later than the date of filing, is:
The date these A		
		days after, the filing of these Articles of Organization)
		days after, the filing of these Articles of Organization)  Name and Address of Authorized Person:
		days after, the filing of these Articles of Organization)
		Odays after, the filing of these Articles of Organization)  Name and Address of Authorized Person:  William R. Landry
		Name and Address of Authorized Person: William R. Landry 30 Exchange Terrace
		Name and Address of Authorized Person: William R. Landry  30 Exchange Terrace  Providence, RI 02903  Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including an accompanying attachments, and that all statements contained



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

