| Filing Fee: \$150.00 | | | ID Number: |
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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

Pursuant to the provisions of Chapter 7-16 of the General Laws of Rhode Island, 1956, as amended, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

| The address of the limited liability company's resident a | agent in Knode island is: | |
|---|--|---|
| 417 HOPE STREET | BRISTOL | , RI 02809 |
| (Street Address, not P.O. Box) | (City/Town) | (Zip Code) |
| and the name of the resident agent at such address is | DANIELLE RINALDI | |
| | (Name of | Agent) |
| Under the terms of these Articles of Organization and ar the limited liability company is intended to be treated for (Check or | ny written operating agreeme purposes of federal income t ne box only) | nt made or intended to be ma axation as: |
| the limited liability company is intended to be treated for | r purposes of federal income to the box only) | axation as: |
| (Check or | r purposes of federal income to the box only) or | entity separate from its mem |
| The address of the principal office of the limited liability company is intended to be treated for $(Check\ or\ or\ or\ or\ or\ or\ or\ or\ or\ or$ | r purposes of federal income to the box only) or | entity separate from its mem |

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| 6. | | with law, which the members elect to have set forth in these Articles on limitation of the purposes or duration for which the limited liability which may be included in an operating agreement: |
|-------|--|--|
| | | |
| | | |
| | | |
| | | |
| 7. | Management of the Limited Liability Company | |
| | A. The limited liability company is to be mana no. 8.) | ged very by its members. (If you have checked this box, go to item |
| | | <u>or</u> |
| | B. The limited liability company is to be ma company has managers at the time of address of each manager.) | anaged by one (1) or more managers. (If the limited liability the filing of these Articles of Organization, state the name and |
| | <u>Manager</u> | <u>Address</u> |
| | | |
| | | |
| | | |
| • | | |
| | | |
| 8. | The date these Articles of Organization are to b UPON THE FILING OF THESE ARTICLES | ecome effective, if later than the date of filing, is: |
| - | (not prior to, nor more than 30 | days after, the filing of these Articles of Organization) |
| | | Name and Address of Authorized Person: DANIELLE RINALDI |
| | | 417 HOPE STREET |
| | | BRISTOL, RI 02809 |
| | | Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. |
| Date: | 9-19-08 | Danie ne M. Ringo Cu- |
| | | Signature of Authorized Person |