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**

ne name of the limited liability company is:		
odrigues Realty, LLC	-	
he address of the limited liability company's resident a	gent in Rhode Island is:	
20 Summit Street, Apartment #2	East Providence	, RI 02914
(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)
nd the name of the resident agent at such address is	Kathleen Rodrigues	
and the name of the resident agent at such address is	(Name of	Agent)
	company if it is determined at	the time of organization:
he address of the principal office of the limited liability  lot Determined	company in it is determined at	the time of organization.
· · · · · · · · · · · · · · · · · · ·		and time of organization.

Form No. 400 Revised: 09/06

6.	dditional provisions, if any, not inconsistent with law, which the members elect to have set forth in these Articles of rganization, including, but not limited to, any limitation of the purposes or duration for which the limited liability ompany is formed, and any other provision which may be included in an operating agreement:			
	None at this time.			
7.	Management of the Limited Liability Company:			
	A. The limited liability company is to be mana	aged very by its members. (If you have checked this box, go to item		
		<u>or</u>		
	B. The limited liability company is to be m company has managers at the time of address of each manager.)	nanaged by one (1) or more managers. (If the limited liability of the filing of these Articles of Organization, state the name and		
	Manager	Address		
	<u> </u>			
8.	The date these Articles of Organization are to Upon Filing	become effective, if later than the date of filing, is:		
		30 days after, the filing of these Articles of Organization)		
		Name and Address of Authorized Person: Kathleen Rodrigues		
		20 Summit Street Apt #2		
		East Providence RI 02914		
		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.		
	No. 44 0000			
Da	May 11, 2009	Cianation of Authority J Danson		
		Signature of Authorized Person		



## 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

