Filing Fee: \$150.00

ID Number:



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:			
FULL MOON, LLC			
The address of the limited liability company's reside	ent agent in Rhode Island is:		
53 High Street	Westerly	. RI 02891	
(Street Address, <u>not</u> P.O. Box)	(City/Town)	· ' — (Zij	Code)
and the name of the resident agent at such address	Sis Victor J. Orsinger		n de la companya de l
	(Name of Agent)	
the limited liability company is intended to be treated (Chec	a for purposes of federal income taxations to the complete state of the complete state o	on as:	
a partnership <u>or</u> a corporation	or ✓ disregarded as an entity	separate from	its memb
The address of the principal office of the limited liab PO Box 793, Block Island, RI 02807	ility company if it is determined at the ti	me of organiza	ation:

FILED

JUN 04 2009

Form No. 400 Revised: 09/06

6.	Additional provisions, if any, not inconsistent with law, which the members elect to have set forth in these Articles o Organization, including, but not limited to, any limitation of the purposes or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:					
	00	one	lich may be included in an operating agreement:			
7. N	Ма	Management of the Limited Liability Company:				
	Α.	The limited liability company is to be manag no. 8.)	ped very by its members. (If you have checked this box, go to item			
E			<u>or</u>			
	B.	The limited liability company is to be man company has managers at the time of address 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			
		<u>Manager</u>	<u>Address</u>			
•						
-						
-	 -					
-						
8. ⁻	The	date these Articles of Organization are to be on receipt of this Article of Organization	ecome effective, if later than the date of filing, is:			
-			days after, the filing of these Articles of Organization)			
			Name and Address of Authorized Person: Victor J. Orsinger			
			53 High Street			
			Westerly, RI 02891			
			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:		lune 3, 2009				
			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

