Filing Fee: \$150.00 ID Number: _____



1. The name of the limited liability company is:

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

SECRETARY STATE TO SECRETARY SECRETARY STATE TO SECRETARY STATE SECRETARY SECRETARY SECRE

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:

	155 South Main Street	Providence	, RI	02903
	(Street Address, not P.O. Box)	(City/Town)		(Zip Code)
	and the name of the resident agent at such address is	Stephen J. Angell, Esq.		
		(Name of	Agent)	·
3.	3. Under the terms of these Articles of Organization and any written operating agreement made or intended to the limited liability company is intended to be treated for purposes of federal income taxation as:			
	(Check or	ne box only)		
	a partnership \underline{or} a corporation \underline{o}	disregarded as an	entity sepa	arate from its member
4.	The address of the principal office of the limited liability 780 Victory Highway, Unit #10, West Greenwich, RI	-	t the time o	of organization:
	(If not determine	d, so state)		
5.	The limited liability company has the purpose of engage until dissolved or terminated in accordance with Chapte paragraph 6 of these Articles of Organization.			

Form No. 400 Revised: 09/06

	here are no such provisions at this time	; however, the members reserve the right to so provide in	
th	ne future.		
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_			
	Management of the Limited Liability Company:		
Α	. The limited liability company is to be ma no. 8.)	naged very by its members. (If you have checked this box, go to item	
		<u>or</u>	
В	The limited liability company is to be company has managers at the time address of each manager.)	managed by one (1) or more managers. (If the limited liability of the filing of these Articles of Organization, state the name and	
	<u>Manager</u>	<u>Address</u>	
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	upon filing of these articles.	to become effective, if later than the date of filing, is:	
	upon filing of these articles.	n 30 days after, the filing of these Articles of Organization)	
	upon filing of these articles.		
	upon filing of these articles.	Name and Address of Authorized Person: Stephen J. Angell, Esq. 155 South Main Street, Suite 203	
	upon filing of these articles.	n 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: Stephen J. Angell, Esq.	
	upon filing of these articles.	Name and Address of Authorized Person: Stephen J. Angell, Esq. 155 South Main Street, Suite 203 Providence, RI 02903 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	
-	upon filing of these articles.	Name and Address of Authorized Person: Stephen J. Angell, Esq. 155 South Main Street, Suite 203 Providence, Rt 02903 Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any	



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

