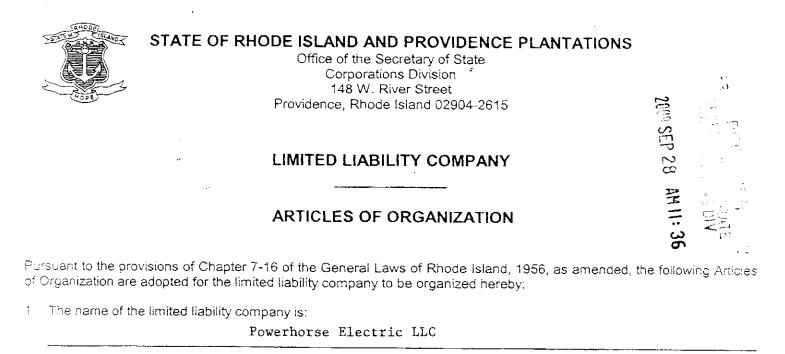
Filing Fee: \$150.00

ID Number: _____



2. The address of the limited liability company's resident agent in Rhode Island is:

	1160 Putnam Pike, P. O. Box 315, Che	epachet		. RI 02814
	(Street Address, <u>not</u> P.O. Box)	(City/Town)		(Zip Code)
	and the name of the resident agent at such address is	Bradley L.	Steere	
		(Name of Agent)		
3.	Under the terms of these Articles of Organization and any written operating agreement made or intended to be ma the limited liability company is intended to be treated for purposes of federal income taxation as:			
	(Check one	e box only)	,	
	a partnership <u>or</u> a corporation <u>or</u>	x disregard	ded as an enti	ty separate from its member
·.	address of the principal office of the limited liability company if it is determined at the time of organization: 77 Elbow Rock Road, Chepachet, RI 02814			

5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with Chapter 7-16, unless a more limited purpose or duration is set forth in paragraph 6 of these Articles of Organization.

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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 of 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:

- 7. Management of the Limited Liability Company:
 - A. The limited liability company is to be managed x by its members. (If you have checked this box, go to item no. 8.)

or

B. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)

Manager

Address

8. The date these Articles of Organization are to become effective, if later than the date of filing, is:

7

immediately upon filing

(not prior to, nor more than 30 days after, the filing of these Articles of Organization)

Name and Address of Authorized Person:

Gary S. Larocque

77 Elbow Rock Road, Chepachet, RI 02814

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.

Signature of Authorized F

September 25 , 2009 Date:

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State of Rhode Island and Providence Plantations



A. Ralph Mollis Secretary of State

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. ' apr loceio

A. RALPH MOLLIS Secretary of State

