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**

203 SEP 30 PM 12: 28

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:

26 Black Creek Lane	Warwick	, RI 02886
(Street Address, not P.O. Box)	(City/Town)	(Zip Code)
and the name of the resident agent at such address is _	E. Morgan Murphy	
-	(Name of Agent)	
(Check one		
✓ a partnership or a corporation or	disregarded as an	entity separate from its memb
The address of the principal office of the limited liability co 26 Black Creek Lane, Warwick, RI 02886	ompany if it is determined a	the time of organization:
(If not determined,	so state)	<del></del>

**FILED** 

SEP 3 0 2009 12: 28

By 100107

KMC

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 very by its members. (If you have checked this box, go to item no. 8.)			
	<u>or</u>			
	B. The limited liability compactors of each managers	ny is to be managed by one (1) or more managers. (If the limited liability at the time of the filing of these Articles of Organization, state the name and		
	<u>Manager</u>	<u>Address</u>		
8.	The date these Articles of Orga Upon Filing	nization are to become 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: Stapehn T. Haun		
		231 Algonquin Dr.,		
		Warwick, RI 02888		
		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.		
Dat	September 29, 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

