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 LIAB	ILITY COMPANY		2 PH 2	RYPES
	ARTICLES OF	ORGANIZATION		2:41	) TATE
	rsuant to the provisions of Chapter 7-16 of the General L Organization are adopted for the limited liability company		as amended, th	e follow	ing Articles
1.	The name of the limited liability company is:				
	Joanne C. Lewis DDS , LLC				
2.	The address of the limited liability company's resident a	agent in Rhode Island is:			
	28 Great Rd.	East Greenwich	, RI <b>028</b>	<b>318</b>	
	(Street Address, not P.O. Box)	(City/Town)		(Zip Co	ode)
	and the name of the resident agent at such address is	Joanne C. Lewis			
	•	(Name of Agent)			
<ol> <li>Under the terms of these Articles of Organization and any written operating agreement the limited liability company is intended to be treated for purposes of federal income</li> </ol>				ended to	be made,
	(Check of	ne box only)			
	a partnership or a corporation	or disregarded as an	entity separate	from its	s member
4.	The address of the principal office of the limited liability company if it is determined at the time of organization:  2358 South County Trail				
	East Greenwich, RI 02818				
	(If not determine	ed, so state)	·	•	
5.	The limited liability company has the purpose of engag until dissolved or terminated in accordance with Chapte paragraph 6 of these Articles of Organization.				
		FILED			

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Form No. 400 Revised: 09/06

company is formed, and any other provisi	to, any limitation of the purposes or duration for which the limited liability on which may be included in an operating agreement:
Management of the Limited Liability Comp	pany:
A. The limited liability company is to be no. 8.)	managed by its members. (If you have checked this box, go to item
	<u>or</u>
B. The limited liability company is to to company has managers at the tine address of each manager.)	be managed by one (1) or more managers. (If the limited liability ne of the filing of these Articles of Organization, state the name and
<u>Manager</u>	<u>Address</u>
	re to become effective, if later than the date of filing, is:
(not prior to, nor more the	nan 30 days after, the filing of these Articles of Organization)  Name and Address of Authorized Person:
	Joanne C. Lewis
	28 Great Rd.
	East Greenwich, RI 02818
	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.
ate:	Junn C. Lewy DOS
ate:	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

