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

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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:

92 Raphael Ave		Providence	, RI	02904
(Street Address, <u>not</u> P.O. Box)		(City/Town)		(Zip Code)
and the name of the resident agent at such address is		Richard M. Bianculli Jr., Es	q.	
	40// 450// 41 040// 444/000 /O			
	e Articles of Organization and a any is intended to be treated for (Check or		made o	
	any is intended to be treated for	ny written operating agreement r purposes of federal income ta	made o	
	any is intended to be treated for	ny written operating agreement r purposes of federal income ta	t made o xation as	5 :

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.

Form No. 400 Revised: 09/06 FILED: 09
APR 16 2010
By

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. Management of the Lim	nited Liability Company:
A. The limited liability one. 8.)	company is to be managed by its members. (If you have checked this box, go to item
	<u>or</u>
	company is to be managed $\boxed{\checkmark}$ by one (1) or more managers. (If the limited liability nagers at the time of the filing of these Articles of Organization, state the name and nanager.)
Manager	Address
Sarah A. Parrott	P.O. Box 6651, Providence, RI 02940
	1
The date these Articles	of Organization are to become effective, if later than the date of filing, is:
The date these Articles	of Organization are to become effective, if later than the date of filing, is:
	t prior to, nor more than 30 days after, the filing of these Articles of Organization)
	t prior to, nor more than 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person:
	t prior to, nor more than 30 days after, the filing of these Articles of Organization)
	t prior to, nor more than 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: Sarah A. Parrott
	Name and Address of Authorized Person: Sarah A. Parrott P.O. Box 6651 Providence, RI 02940
	Name and Address of Authorized Person: Sarah A. Parrott P.O. Box 6651 Providence, RI 02940 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
	Name and Address of Authorized Person: Sarah A. Parrott P.O. Box 6651



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

