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 LIABILITY COMPANY

ARTICLES OF ORGANIZATION

١,	The name of the limited liability company is:					
	85 Fairmount, LLC.		· · · · · · · · · · · · · · · · · · ·			
2.	The address of the limited liability company's resident agent in Rhode Island is:					
	144 Medway Street	Providence	, RI	02906		
	(Street Address, <u>not</u> P.O. Box)	(City/Town)		(Zip Code)		
	and the name of the resident agent at such address is	Karenann McLoughlin				
	and the harmon the resident agent at each address to	(Name o	f Agent)			
•	✓ a partnership or a corporation or disregarded as an entity sep. The address of the principal office of the limited liability company if it is determined at the time 85 Fairmount Street, Woonsocket, Rhode Island 02895		, ,			
	(If not determine	d, so state)		•		
i.	(If not determine) The limited liability company has the purpose of engaguntil dissolved or terminated in accordance with Chapte paragraph 6 of these Articles of Organization.	ing in any lawful business, a	nd shall ha I purpose o	ve perpetual existence r duration is set forth in		

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:				
	See exhibit A attached hereto.				
7.	Management of the Limited Liability Company: A. The limited liability company is to be managed by its members. (If you have checked this box, go to item no. 8.)				
					
	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			
	N/A	N/A			
8.	The data these Articles of Organiza	on are to become effective, if later than the date of filing, is:			
Ο.	upon filing	on are to become enective, it later than the date or ming, is.			
		nore than 30 days after, the filing of these Articles of Organization)			
	, ,	Name and Address of Authorized Person:			
		Karenann McLoughlin			
		144 Medway Street			
		Providence, Rhode Island 02906			
		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	_{te:} 12/21/2010	Um Ohe L			
		Signature of Authorized Person			

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EXHIBIT "A"

ALL MEMBERS, MANAGERS, OFFICERS, EMPLOYEES AND AGENTS OF THE LIMITED LIABILITY COMPANY SHALL BE INDEMNIFIED TO THE FULLEST EXTENT PERMITTED UNDER APPLICABLE LAW AND AS PROVIDED IN THE OPERATING AGREEMENT OF THE LIMITED LIABILITY COMPANY.

NO MEMBER OR MANAGER OF THE LIMITED LIABILITY COMPANY SHALL HAVE ANY LIABILITY TO THE LIMITED LIABILITY COMPANY OR ITS MEMBERS FOR MONETARY DAMAGES FOR BREACH OF ANY DUTY PROVIDED IN SECTION 7-16-7 OF THE GENERAL LAWS OF RHODE ISLAND, 1956, AS AMENDED, EXCEPT AS EXPRESSLY PROVIDED IN SECTION 7-16-18(B) OF SAID GENERAL LAWS OR IN ANY OPERATING AGREEMENT OF THE LIMITED LIABILITY COMPANY.



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

