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

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:

The address of the limited liability company's resident	ent agent in Rhod	ie Island is:		
155 South Main Street, Suite 301		Providence	, RI	02903
(Street Address, not P.O. Box)		(City/Town)		(Zip Code)
4 the name of the resident agent at such address is	e ie	C T Corporation System		
- and the name of the regident grant at SUCN 2001PS		(Name of Agent)		
under the terms of these Articles of Organization a the limited liability company is intended to be treated.	nd any written op d for purposes of	erating agreemer federal income to	it made or in	ended to be mad
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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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FILED
APR 06 2011
By 45/4/909

Form No. 400 Revised: 09/06

Management of the Limited Liability Company: A. The limited liability company is to be managed		5
A. The limited liability company is to be managed by its members. (If you have checked this box, go to it no. 8.) Or B. The limited liability company is to be managed by one (1) or more managers. (If the limited liab company has managers at the time of the filling of these Articles of Organization, state the name address of each manager.) Manager Address Reis Capital Management, LLC 500 Mamaroneck Avenue, Suite 406 Harrison, NY 10528 The date these Articles of Organization are to become effective, if later than the date of filling, is: (not prior to, nor more than 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: Sarah M. Lombard, Esquire Hinckley, Allen & Snyder LLP, 20 Church Street Hartford, Connecticut 06103-1221 Under penalty of perjury. I declare and affirm that I examined these Articles of Organization, including accompanying attachments, and that all statements container in true and correct.	None.	
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Signature of Authorized Person		Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including ar accompanying attachments, and that all statements contained herein are true and correct.