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 ag	ent in Rhode Island is:		
1C5 SAYles hill road (Street Address, not P.O. Box)	N. SMITHFIELD	, RI	02896
(Street Address, <u>not</u> P.O. Box)	(City/Town)		(Zip Code)
and the name of the resident agent at such address is	COREY BROWN		
and the name of the resident agent at such address is	(Name of Agent)		
the limited liability company is intended to be treated for p			
Under the terms of these Articles of Organization and any the limited liability company is intended to be treated for particles of Organization and any the limited liability company is intended to be treated for particles.  (Check one of these Articles of Organization and any the limited liability company is intended to be treated for particles.)	purposes of federal income t  e box only)	axation as	
the limited liability company is intended to be treated for p	purposes of federal income to the box only of	axation as	: arate from its memb

paragraph 6 of these Articles of Organization.

JUL 07 2011

Form No. 400 Revised: 09/06

NONE	
Management of the Limited Liabil	ity Company:
3	
A. The limited liability company inc. 8.)	is to be managed by its members. (If you have checked this box, go to item
	<u>or</u>
D. The limited liability company	$\gamma$ is to be managed $\boxed{m{\chi}}$ by one (1) or more managers. (If the limited liability
company has managers at	t the time of the filing of these Articles of Organization, state the name and
address of each manager.)	tare time of the iming of these fiberes of enganitation, case are made
	Address
Manager COREY BROWN	<u>Address</u> 125 SAYLES HILL ROAD, N. SMITHFIELD, RI 02896
DIRSA GOMES	125 SAYLES HILL ROAD, N. SMITHFIELD, RI 02896
The date these Articles of Organi	zation are to become effective, if later than the date of filing, is:
	zation are to become effective, if later than the date of filing, is:
UPON FILING	
UPON FILING	or more than 30 days after, the filing of these Articles of Organization)
UPON FILING	or more than 30 days after, the filing of these Articles of Organization)  Name and Address of Authorized Person:
UPON FILING	or more than 30 days after, the filing of these Articles of Organization)  Name and Address of Authorized Person:  COREY BROWN
UPON FILING	or more than 30 days after, the filing of these Articles of Organization)  Name and Address of Authorized Person:
UPON FILING	or more than 30 days after, the filing of these Articles of Organization)  Name and Address of Authorized Person:  COREY BROWN  125 SAYLES HILL ROAD  NORTH SMITHFIELD, RHODE ISLAND 02896
UPON FILING	or more than 30 days after, the filing of these Articles of Organization)  Name and Address of Authorized Person:  COREY BROWN  125 SAYLES HILL ROAD  NORTH SMITHFIELD, RHODE ISLAND 02896  Under penalty of perjury, I declare and affirm that I have
UPON FILING	or more than 30 days after, the filing of these Articles of Organization)  Name and Address of Authorized Person:  COREY BROWN  125 SAYLES HILL ROAD  NORTH SMITHFIELD, RHODE ISLAND 02896  Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any
UPON FILING	or more than 30 days after, the filing of these Articles of Organization)  Name and Address of Authorized Person:  COREY BROWN  125 SAYLES HILL ROAD
UPON FILING	or more than 30 days after, the filing of these Articles of Organization)  Name and Address of Authorized Person:  COREY BROWN  125 SAYLES HILL ROAD  NORTH SMITHFIELD, RHODE ISLAND 02896  Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including are accompanying attachments, and that all statements contained
UPON FILING	or more than 30 days after, the filing of these Articles of Organization)  Name and Address of Authorized Person:  COREY BROWN  125 SAYLES HILL ROAD  NORTH SMITHFIELD, RHODE ISLAND 02896  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



## 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

