| Filing Fee: \$ | 150.00 | ID Number: | |
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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

| | suant to the provisions of Chapter 7-16 of the General La Organization are adopted for the limited liability company t | | ende | d, the following Articles | | | |
|------------|---|--|-------|---------------------------|--|--|--|
| 1. | The name of the limited liability company is: | | | | | | |
| | The Law Office of Forrest C. Crooks, LLC | | | + | | | |
| 2. | The address of the limited liability company's resident agent in Rhode Island is: | | | | | | |
| | 293 South Main Street | Providence | , RI | 02903 | | | |
| | (Street Address, not P.O. Box) | (City/Town) | - | (Zip Code) | | | |
| | and the name of the resident agent at such address is | Forrest C. Crooks | | | | | |
| | and the name of the resident agent at each address to | (Name of Agent) | | | | | |
| 3. | Under the terms of these Articles of Organization and an the limited liability company is intended to be treated for a (Check one a partnership or a corporation or | purposes of federal income taxation e box only) | on as | : | | | |
| 4. | The address of the principal office of the limited liability of 293 South Main Street, Providence, RI 02903 | company if it is determined at the t | ime c | of organization: | | | |
| | (If not determined | l, so state) | | | | | |
| 5 . | The limited liability company has the purpose of engagir until dissolved or terminated in accordance with Chapter paragraph 6 of these Articles of Organization. | | | | | | |

TO: OI WA IS AAM STOS

SECRETARY OF STATE VORPORATE

FILED MAR 21 2012

Form No. 400 Revised: 09/06

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| _ | | |
| 7. M | lanagement of the Limited Liability Com | pany: |
| | The Bestand Bellitte | |
| А | no. 8.) | managed 🗹 by its members. (If you have checked this box, go to item |
| | • | |
| | | <u>or</u> |
| | | |
| В | | 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 |
| | Manager | Address |
| | <u>Manager</u> | <u> Addiess</u> |
| _ | | |
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| | he date these Articles of Organization a | re to become effective, if later than the date of filing, is: |
| | he date these Articles of Organization a | re to become effective, if later than the date of filing, is: |
| | pon filing | re to become effective, if later than the date of filing, is: han 30 days after, the filing of these Articles of Organization) |
| | pon filing | han 30 days after, the filing of these Articles of Organization) |
| | pon filing | _ |
| | pon filing | han 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: |
| | pon filing | han 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: Forrest C. Crooks |
| | pon filing | han 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: Forrest C. Crooks 293 South Main Street Providence, RI 02903 |
| | pon filing | han 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: Forrest C. Crooks 293 South Main Street Providence, RI 02903 Under penalty of perjury, I declare and affirm that I have |
| | pon filing | han 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: Forrest C. Crooks 293 South Main Street Providence, RI 02903 Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including an accompanying attachments, and that all statements contained |
| | pon filing | han 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: Forrest C. Crooks 293 South Main Street Providence, RI 02903 Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any |
| | (not prior to, nor more t | han 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: Forrest C. Crooks 293 South Main Street Providence, RI 02903 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

