Filing Fee: \$150.00		ID Numb	per:
Cor	D AND PROVIDENC the Secretary of State porations Division 3 W. River Street	E PLANTATIONS	6
	Rhode Island 02904-261	5	2012 OCT
LIMITED L	LIABILITY COMPAN	Y	တ် ်
ARTICLES	S OF ORGANIZATIO	N	AH II: 36
Pursuant to the provisions of Chapter 7-16 of the Gen of Organization are adopted for the limited liability com-	eral Laws of Rhode Island opany to be organized her	d, 1956, as amended reby:	, the following Article
1. The name of the limited liability company is: SAY EWERPISES LLC			
2. The address of the limited liability company's resid	lent agent in Rhode Islan	d is:	
64 MORGAW ST (Street Address, <u>not</u> P.O. Box)	CRAUS C (City/)	, RI _	02920 (Zip Code)
and the name of the resident agent at such address	ss is SARATH U	(Name of Agent)	
3. Under the terms of these Articles of Organization a the limited liability company is intended to be treat	and any written operating ed for purposes of federa	agreement made or i I income taxation as:	intended to be made,
(Che	ck one box only)		
a partnership <u>or</u> a corporation	o <u>or</u> disregard	ed as an entity separ	ate from its member
4. The address of the principal office of the limited lia	bility company if it is dete	rmined at the time of	organization;
64 MOLGANST, CRANSYO	V, RI 079	20	

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.

(If not determined, so state)

FILED 1136 OCT 0 5 2012

Form No. 400 Revised: 09/06

BY D 100496

	Organization, including, but not limited to,	nt with law, which the members elect to have set forth in these Articles of any limitation of the purposes or duration for which the limited liability which may be included in an operating agreement:
-	И	ou l
′, ħ	Management of the Limited Liability Compa	ny:
P	A. The limited liability company is to be ma no. 8.)	anaged by its members. (If you have checked this box, go to item
		<u>or</u>
E		managed by one (1) or more managers. (If the limited liability of the filing of these Articles of Organization, state the name and
	<u>Manager</u>	<u>Address</u>
-		
3. T	AT FILING	to become effective, if later than the date of filing, is: n 30 days after, the filing of these Articles of Organization)
		Name and Address of Authorized Person:
		64 HORGAN ST
		SBANGTOU RI 02920
		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.
Date	10/05/2012	Signature of Authorized Person