| Fili | ing Fee: \$150.00 ID Number: _ | ID Number: | | | |
|--|--|--|----------|--|--|
| 3 | STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 | 2013 MAR 2 I | | | |
| | LIMITED LIABILITY COMPANY | PH :- | | | |
| | ARTICLES OF ORGANIZATION | 9 | īri | | |
| 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: | | | | | |
| 1. | The name of the limited liability company is: A Touch of Vermont LLC | | | | |
| 2. | The address of the limited liability company's resident agent in Rhode Island is: | d liability company's resident agent in Rhode Island is: | | | |
| | Sutton Place Cranston, RI 03 (Street Address, not P.O. Box) | (Zip Code | <u>G</u> | | |
| | and the name of the resident agent at such address is Kolly Giard? | | | | |
| | Under the terms of these Articles of Organization and any written operating agreement made or intend the limited liability company is intended to be treated for purposes of federal income taxation as: | erms of these Articles of Organization and any written operating agreement made or intended to be made, iability company is intended to be treated for purposes of federal income taxation as: | | | |
| (Check one box only) | | | | | |
| | a partnership <u>or</u> a corporation <u>or</u> disregarded as an entity separate from | om its m | nember | | |
| 4 | The address of the principal office of the limited liability company if it is determined at the time of organ | ization: | | | |

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)

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| 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: | | | | |
|-----|--|--|--|--|--|
| | | | | | |
| | | | | | |
| 7. | Management of the Limited Liability Company: | | | | |
| | A. The limited liability company is to be mana no. 8.) | ged by its members. (If you have checked this box, go to item | | | |
| | | <u>or</u> | | | |
| | 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.) | | | | |
| | <u>Manager</u> | <u>Address</u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 8. | 3/21/ | Decome effective, if later than the date of filing, is: Odays after, the filing of these Articles of Organization) | | | |
| | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Name and Address of Authorized Person: | | | |
| | | 15 Sutton Place | | | |
| | | Cranston, RI 02910 | | | |
| | | 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: 3/21/13 | Signature of Authorized Person | | | |



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

