



FILED

JUN 21 2013

BY 10678
AOE 10:30am

Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION

Pursuant to the provisions of Chapter 7-16-6 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 Fee for this Form is:
Total Cost of Online Filing will be:

ARTICLE I

The name of the limited liability company is:

Business Name*

ARTICLE II

The street address (post office boxes are not acceptable) of the limited liability company's resident agent in Rhode Island is:

Street 1*
Street 2
City*
State*
Zip*
and the name of the resident agent at such address is:*

ARTICLE III

Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as:*
a corporation

ARTICLE IV

The address of its principal office of the limited liability company if it is determined at the time of organization:

If not determined, so state* **Entered Below**
Street 1*
Street 2
City*

State*

Rhode Island

Zip*

02911

ARTICLE V

The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article VI of these Articles of Organization.

The period of its duration is*

Perpetual

Enter date if not perpetual

ARTICLE VI

Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or any other provision which may be included in an operating agreement

ARTICLE VII

The limited liability company is to be by one (1) or more managers managed*

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

Managers

Address

Street 1*

43 High Service Ave

Street 2

City*

North Providence

State*

Rhode Island

Zip*

02911

Name

First Name*

Cassandra

Middle Initial

Last Name*

Barone

Phone

ARTICLE VIII

The date these Articles of Organization are to become effective, not prior to, nor more than 30 days after the filing of these Articles of Organization.

01 Jul 2013

Contact Information

Prefix

First Name*

Cassandra

Middle Initial

Last Name*

Barone

Suffix	
Title	
Phone*	
Fax	
Email	
Contact Company (If different from filing)	
Contact Address	
Street 1*	43 High Service Ave
Street 2	
City*	North Providence
State*	Rhode Island
Zip*	02911

Signature

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed By

Business Name*	Cassandra Barone
Address of Signer	
Street 1*	43 High Service Ave
Street 2	
City*	North Providence
State*	Rhode Island
Zip*	02911

Affidavit:

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this filing will be litigated under the statutes and common laws of the State of Rhode Island. If this document is filed inaccurately, defectively or erroneously executed, acknowledged or otherwise defective in any respect, the secretary of state has no liability to any individual for the preclearance for filing, the acceptance for filing or the filing and indexing of this instrument by the secretary of state.

Accept*	Yes
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First Name*	Cassandra
Middle Initial	
Last Name*	Barone
Phone	727-389-2243
Signed this day and time by the Authorized Person:	6:30 AM Fri Jun 21 2013



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

