Filing Fee: \$150.00



Form No. 400

Revised: 09/06

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

SECREGATIONS DIV

## LIMITED LIABILITY COMPANY

## **ARTICLES OF ORGANIZATION**

1.	The name of the limited liability company is:			29	크실
••	OLD ISLAND PUB, LLC LHO			C - 9	j.j.,-
2.	The address of the limited liability company's resident a	gent in Rhode Island is:		100 m	1048 1048 1048
	High Street (P. O. Box 277)	Block Island	, RI 0280	7 ::	
	(Street Address, <u>not</u> P.O. Box)	(City/Town)		(Zip Co	de)
	and the name of the resident agent at such address is	Elliot Taubman, Esq.			
	and the harne of the resident agent at such address is	(Name of	Agent)	•	
4.	The address of the principal office of the limited liability P. O. Box 246, Block Island, RI 02807	company if it is determined at	the time of orga	anizatio	n:
	(If not determine	d, so state)			
5.	The limited liability company has the purpose of engaging until dissolved or terminated in accordance with Chapte paragraph 6 of these Articles of Organization.	ing in any lawful business, ar r 7-16, unless a more limited	d shall have pe purpose or dura	erpetual ation is s	existence set forth in
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6.	Additional provisions, if any, not inconsistent with law, which the members elect to have set forth in these Articles o 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 (check one only):				
	A. The limited liability company is to be manage No. 8 - DO NOT LIST ANY NAMES IN SEC	ed 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.	The date these Articles of Organization are to be				
	(not prior to, nor more than 30 c	lays after, the filing of these Articles of Organization)			
		Name and Address of Authorized Person: Lewis H. Gaffett			
		P. O. Box 246			
		Block Island, RI 02807			
		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.			
Da	te: 12/1/2014	Fawis H. Gallette 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

