

Name

Frank Bellucci

Street Address (NOT a P.O. Box)

## State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



## Articles of Organization Limited Liability Company

Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles to be organized hereby:	of Organization are a	adopted for the limited lial	oility company
The name of the limited liability company is:			
Bellucci Farm, LLC			
2. The name and address of the limited liability company's res	sident agent in Rhod	e Island is:	

50 East Killingly Road

City/Town
Foster

State
RHODE ISLAND

Zip Code
02825

3. 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 (check ONE box):

a corporation **or** disregarded as an entity separate from its member

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

Street Address

50 East KIllingly Road

a partnership or

City/Town Foster

State

Rhode Island

Zip Code 02825

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 RIGL 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

10:57 Am

**FILED** 

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Form No. 400 Revised: 2015

	ot limited to, any li	mitat	ion of the purpo	se(s) o	elect to have set forth in these Articles r duration for which the limited liability rating agreement:
Farming, raising, sell and retail purposes. S	ing, and harv	esti	ing of lives	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	■ 「重要型 系統」。
					Check this box to indicate attachment
7. The Limited Liability Company	is to be managed	d by:	1		
You MUST check one box:  Its member(s) (If you have of One (1) or more manager(so of Organization, state the national state)	s) (If the limited lial	bility	company has m	nanage	l out the chart below.) r(s) at the time of the filing of these Articles
MANAGER	BUSINESS AD	DRE			
				· · · · ·	
			,		
8. Date when these Articles of O	 rdanization will be	effe	ctive: CHECK C	DNLY C	NE BOX
Date received (Upon filing)		<u> </u>			
X Later effective date (Date m	nust be no more th	an 3	0 days from the	day of	filing) January 1, 2016
Under penalty of perjury, I declar panying attachments, and that a					les of Organization, including any accom- orrect
Name of Authorized Person			Address		
Frank Bellucci			50 East Killingly Road		
City/Town S		Stat	e	Zip Co	ode
Foster	,		RI		02825
Signature of Authorized Person				•	Date 6-/18/15
1110					

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

## Exhibit "B"

## **Dissolution**

Upon the death, resignation, expulsion, bankruptcy or dissolution of the Member, or the occurrence of any other event that terminates the continued membership of the Member, the LLC shall dissolve and liquidate, unless the remaining members unanimously agree and consent to continue the business of the business of the LLC.

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

