

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

SECRETARY OF STATE CORPORATIONS DIV

Articles of Organization Limited Liability Company

Filing Fee: \$150.00

1. The name of the limited lia	bility company is:		
CROFT Properties LLC			
2. The name and address of t	the limited liability comp	pany's resident agent in Rhode Isla	nd is:
Name Elizabeth DeSousa	-		
Street Address (<u>NOT</u> a P.O. E 26 Holbrook Avenue	Box)		
City/Town	State	RHODE ISLAND	Zip Code
		and any written operating agreeme	
3. Under the terms of these A the limited liability company is a partnership or a corporation or disregarded as an	entity separate from it	and any written operating agreeme I for purposes of federal income tax s member	nt made or intended to be made, cation as (check ONE box):
3. Under the terms of these A the limited liability company is a partnership or a corporation or disregarded as an	entity separate from it	and any written operating agreeme I for purposes of federal income tax	nt made or intended to be made, cation as (check ONE box):

9:35 Am

FILED

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By 26492

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6. Additional provisions, if any, not inconsistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:					
None					
			Chack	this box to indicate attachment	
7. The Limited Liability Company	is to be managed by		Oneon	tills box to indicate attachment	
You MUST check one box:					
Its member(s) (If you have o	checked this box, skip	to Section 8. Do	not fill out th	ne chart below.)	
One (1) or more manager(s of Organization, state the na				the time of the filing of these Articles	
MANAGER	BUSINESS ADDRE				
1 MAZ.					
		· · · · · · · · · · · · · · · · · · ·			
8. Date when these Articles of Or	ganization will be effe	ective: CHECK O	NLY ONE BO	OX :	
✓ Date received (Upon filing)					
Later effective date (Date mo	ust be no more than 3	30 days from the	day of filing)		
				Organization, including any accom-	
panying attachments, and that all	statements containe	d herein are true	and correct.		
Name of Authorized Person		Address			
Joshua S. Slepkow		1481 Wampanoag Trail			
City/Town	Sta		Zip Code		
East Providence	R	I	02915		
Signature of Authorized Person	7			Date January 6, 2016	
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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.