

to be organized hereby:

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

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company

1. The name of the limited liability company is:				
Sterling ¢	Son Investments LLC			
2. The name and address of the limited liability company's resident agent in Rhode Island is:				
Name Bryce B Ster	ling IT			
Street Address (NOT a P.O. Box) 30 Monticello Road, P.O. Box 3587				
City/Town U	State RHODE ISLAND	Zip Code 03%		
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 partnership or 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:				
P.O. 60x 3582				
City/Town Pawtucket	State A.1.	Zip Code O 206		
	rpose of engaging in any lawful business, and shall e with RIGL 7-16, unless a more limited purpose or 			

Form No. 400 Revised: 2015 JAN 13 2016 BA 65218 D. A. 3. V. D. W

of Organization, including, but no		ember(s) elect to have set forth in these Art cose(s) or duration for which the limited liab in an operating agreement:		
		ARTIZIER LEIS TELZY¥RE MALTRE, ARTIRESENENGERRUSERRUSERRUSER		
		Check this box to indicate attachme	ent 🔲	
7. The Limited Liability Company	is to be managed by:			
You/MUST check one box: Its member(s) (If you have o	checked this box, skip to Section 8.	Do not fill out the chart below.)		
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)				
MANAGER	BUSINESS ADDRESS			
		-		
8. Date when these Articles of Or	ganization will be effective: CHECK	ONLY ONE BOX		
Date received (Upon filing)			-	
Later effective date (Date must be no more than 30 days from the day of filing)				
	e and affirm that I have examined the I statements contained herein are tru	ese Articles of Organization, including any a ue and correct.	accom-	
Name of Authorized Person	Address		Water and Marie and A	
Bruce B S	terlinatt P.O) box 3582		
City/Town	State	Zip Code		
Partocket	<u> </u>	Odel		
Signature of Authorized Person		Date		
Bust		1-13-16		
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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.

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

