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State of Rhode Island and Providence PlantationsDepartment of State - Business Services Division148 W. River Street, Providence, Rhode Island 02904-2615Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

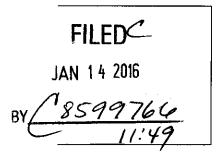
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## Articles of Organization Limited Liability Company

Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16</u>, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability compared	ny is:					
Bluffsond AND TUIL	ETRIES LLC					
2. The name and address of the limited li	ability company's resident agent in Rhode Island is:					
Name KWAKU AFFUL		<u></u>				
Street Address ( <u>NOT</u> a P.O. Box)	· · · · · · · · · · · · · · · · · · ·					
176 bluff ave						
City/Town cranston	State RHODE ISLAND	Zip Code 02905				
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):						
<ul> <li>a partnership or</li> <li>a corporation or</li> <li>disregarded as an entity separate from its member</li> </ul>						
4. The address of the principal office of th	e limited liability company if it is determined at the time	e of organization;				
Street Address 176 bluff ave						
City/Town	State	Zip Code				
cranston	ri	02905				
	irpose of engaging in any lawful business, and shall ha e with RIGL 7-16, unless a more limited purpose or du n.					



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:							
				Chec	k this box to indicate attachment		
7. The Limited Liability Company	is to be manage	d by					
You MUST check one box:			· · · · · · · · · · · · · · · · · · ·	- 50	,,,,,,		
Its member(s) (If you have c	hecked this box,	skip	to Section 8. Do	onot fill out t	he 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	<b>BUSINESS AD</b>	DRE					
kwaku afful	176 bluff ave,cranston ri.02905						
elizabeth hallock	176 bluff ave,cranston ri 02905						
8. Date when these Articles of On	ganization will be	effe	ective: CHECK C	NLY ONE B			
✓ Date received (Upon filing)	<u> </u>		<u> </u>	<u> </u>			
Later effective date (Date must be no more than 30 days from the day of filing)							
Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accom- panying attachments, and that all statements contained herein are true and correct.							
Name of Authorized Person			Address				
kwaku afful			176 bluff ave,				
City/Town		Stat	te	Zip Code			
cranston		ri		02905			
Signature of Authorized Person					Date		
					1/14/2016		

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.



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

## 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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

