

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

to be organized hereby.							
1. The name of the limited liability compa	iny is:						
DYNAMIC PROPERTIES, LLC							
2. The name and address of the limited li	ability comp	any's resident agent in Rhode Isla	ndis				
Name			AND THE SECOND S				
ROBERT RICCI							
Street Address ( <u>NOT</u> a P.O. Box) 6 KENSINGTON ST							
City/Town SMITHFIELD	State	RHODE ISLAND	Zip Code 02917				
3. Under the terms of these Articles of On the limited liability company is intended to	ganization a be treated	and any written operating agreeme for purposes of federal income tax	nt made or intended to be made, ration as (check ONE box):				
a partnership <b>or</b>							
a corporation <b>or</b>							
disregarded as an entity separate from its member							
4. The address of the principal office of th	e limited lia	bility company if it is determined at	the time of organization:				
Street Address							
6 KENSINGTON STREET							
City/Town	State	<del></del>	Zip Code				
SMITHFIELD	RI		02917				
5. The limited liability company has the puuntil dissolved or terminated in accordance Section 6 of these Articles of Organization	æ with RIGL	gaging in any lawful business, and 7-16, unless a more limited purpo	shall have perpetual existence se or duration is set forth in				

FILED

Form No. 400 Revised: 2015

	not limited to, any li	mita	ition of the purpo	se(s) or dura	to have set forth in these Articles ation for which the limited liability agreement:
				Chec	k this box to indicate attachment
7. The Limited Liability Compar	ny is to be manage	d by			
You MUST check one box:  Its member(s) (If you have	checked this box,	skip	to Section 8. Do	o not fill out t	he chart below.)
One (1) or more managere of Organization, state the r					the time of the filing of these Articles
MANAGER	BUSINESS AD	DRE	SS		
				-	
	P				
8. Date when these Articles of 0	Organization will be	effe	ective: CHECK C	NLY ONE B	οχ
✓ Date received (Upon filing)	)				
Later effective date (Date	must be no more th	on 2	20 days from the	day of filing)	
			-	~~~~~	
Under penalty of perjury, I decide panying attachments, and that is					Organization, including any accom-
Name of Authorized Person		***************************************	Address		
ROBERT RICCI			6 KENSINGTON ST		
City/Town		Sta	te	Zip Code	
SMITHFIELD		R.	I	02917	
Signature of Authorized Person				<u> </u>	Date
11/M	_				1/19/16
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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

