

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 SIVE

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:							
The name of the limited liability company is:							
Practice Management Solutions, LLC							
2. The name and address of the limited liability company's resident agent in Rhode Island is:							
Name Terrence Patterson							
Street Address (NOT a P.O. Box)							
640 George Washington Hwy. Building B - Suite B-1							
City/Town Lincoln	State	RHODE ISLAND	Zip Code 02865				
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:							
Street Address 640 George Washington Hwy. Building B- Suite B-1							
City/Town	State		Zip Code				
Lincoln	RI		02865				
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							

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BY CM 268387

Form No. 400 Revised: 2015

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:								
					!			
Check this box to indicate attachment								
7. The Limited Liability Company is to be managed by:								
You MUST check one box: Its member(s) (If you have 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 ADI	DRE	SS					
Terrence Patterson	640 George Wahsington Hwy. Building B - Suite B-1 Lincoln, RI 02865							
Ralph J. Branca	640 George Wahington Hwy. Lincoln, RI 02865							
8. Date when these Articles of Or	l ganization will be	effe	ective: CHECK O	NI Y ONE R	OX			
	94.1124.1011 11111 100							
✓ Date received (Upon filing)								
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 accompanying attachments, and that all statements contained herein are true and correct.								
Name of Authorized Person			Address					
Terrence Patterson			640 George Washington Hwy. Building B- Suite B-1					
City/Town		Sta	State Zip Code					
Lincoln		O (a		-	Κ Ε			
			RI	0286				
Signature of Authorized Person					Date			
Jumes Patterent				,	02/23/2016			

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.