



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

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CORPORATIONS DIV
2016 FEB 29 AM 11:34

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 company is:		
Heartsease C3, LLC		
2. The name and address of the initial resident agent office in Rhode Island is:		
Name Craig S. Sampson, Esq.		
Street Address (NOT a P.O. Box) 35 Powel Ave.		
City/Town Newport	State RHODE ISLAND	Zip Code 02840
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):		
<input checked="" type="checkbox"/> a partnership or <input type="checkbox"/> a corporation or <input type="checkbox"/> 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 is:		
Street Address 33 Martin Road		
City/Town Farmington	State CT	Zip Code 06032
5. The limited liability company has no purpose or purposes in any jurisdiction other than to have a company that is dissolved or terminated in accordance with RIGL 7-2.6 and Section 6 of these Articles of Organization.		

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all provisions, if any, not inconsistent with law which the member(s) elect to have served in the organization, including but not limited to, any limitation of the purposes, 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 ☐

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.)

SIGNED _____	

When these Articles of Organization 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) _____

Name of Authorized Person
Craig S. Sampson, Esq.

Address
35 Powel Ave.

City/Town
Newport

State
RI

Zip Code
02840

Signature of Authorized Person

SIGN DOCUMENT HERE

Date

2/24/2016

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:

Nellie M. Gorbea
Secretary of State

