

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

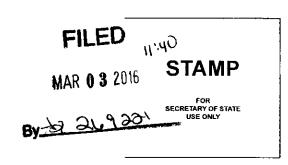
STAMP RECRETARY OF STATE NECESSATIONS DIV

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 ability company

to be organized hereby:		
1. The name of the limited liability compa	ny is:	
PACMA	N PROPERTIES LLC	
2. The name and address of the initial re-	sident agent/office in Rhode Island is:	
Name EDWARD J. GOMES, ESQ	•	
Street Address (<u>NOT</u> a P.O. Box)		
91 FRIENDSHIP STREET	, SUITE # 3	
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code
		02903
	ganization and any written operating agreement no be treated for purposes of federal income taxation	
√x a partnership or		
a corporation or		
disregarded as an entity sepa	rate from its member	
4. The address of the principal office of the	e limited liability company if it is determined at the	time of organization:
Street Address		
TO BE DETERMINED		
City/Town	State	Zip Code
	 urpose of engaging in any lawful business, and sh be with RIGL <u>7-16,</u> unless a more limited purpose n.	



Additional provisions, if any, n of Organization, including, but no company is formed, and any oth	ot limited to, any lim	nitation of the purpo	se(s) or durat	ion for which t		
				this box to ind	licato atto	ohmont 🗔
7. The Limited Liability Company	is to be managed	bv:	Officer	this box to me		Criment
You MUST check one box: Its member(s) (If you have of One (1) or more manager(s) of Organization, state the national state of Organization of	checked this box, so	kip to Section 8. Do	nanager(s) at t			nese Articles
MANAGER	ADDRESS	44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			e e e e e e e e e e e e e e e e e e e	
	·					
		-				
1 4			. 1			
8. Date when these Articles of O	ganization will be e	effective: CHECK C	NLY ONE BO	X		
X Date received (Upon filing)						
Later effective date (Date m	ust be no more tha	n 30 days from the	day of filing)	·		
Under penalty of perjury, I declar accompanying attachments, and					including a	any
Name of Authorized Person			91 FRIENDSHIP STREET, SUITE # 3			
EDWARD J. GOMES, ESQ. City/Town Sta		<u> </u>	CE, RI 02903 Zip Code			
Only 10411			2.0 0000			
Signature of Authorized Person	A Comment			Date 3/10	11-6)

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.