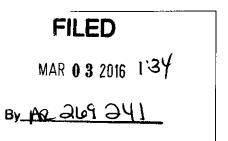


State of Rhode Island and Providence Plantations Department of State - Business Services Division 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

o be organized hereby:	Articles of Organization Limited Liability Company Filing Fee: \$150.00 ne following Articles of Organization are adopted for	SECRETARY OF STUDY CORPORATIONS OF STUDY PH UNIT OF STUDY PH UNIT OF STUDY The limited liabuly of the liabuly of the limited liabuly of the liabuly of the liabu
1. The name of the limited liability compared	ny is:	na stál a clivie sevé si terra da ser a terra da ser a terra. Na stal terra da ser a terra da se
JRMD, LLC		
2. The name and address of the limited lin	ability company's resident agent in Rhode Island is:	
Name Frank Mastrati, Jr., Esquire, FERDINANDI d	& MASTRATI, LLP	
Street Address (<u>NOT</u> a P.O. Box) 1441 Park Avenue		
City/Town Cranston	State RHODE ISLAND	Zip Code 02920
the limited liability company is intended to a partnership or a corporation or	ganization and any written operating agreement ma be treated for purposes of federal income taxation	
disregarded as an entity separed. The address of the principal office of the	rate from its member e limited liability company if it is determined at the t	time of organization:
Street Address 5 Crystal Court		
City/Town Johnston	State Rhode Island	Zip Code 02919
5. The limited liability company has the pu until dissolved or terminated in accordanc Section 6 of these Articles of Organization	rrpose of engaging in any lawful business, and sha e with RIGL 7-16, unless a more limited purpose of 1.	Il have perpetual existence r duration is set forth in



company is formed, and an	y other provision which	may be included in	ose(s) or duration for which the limited liability an operating agreement:
and the spin of th			
			Check this box to indicate attachment
			Check this box to indicate attachment
7. The Limited Liability Con	npany is to be manage	d by:	
You MUST check one box:	nave checked this box,	skip to Section 8.	to not fill out the chart below.)
			manager(s) at the time of the filing of these Art
I One (1) or more mana of Organization, state f	the name and address	of each manager be	elow.)
MANAGER	BUSINESS AD		
		and a standard and a standard standard <u>and an </u>	
Jean D. DiMeo	5 Crystal Court	Johnston, Rhode Isla	nd 02919
8. Date when these Article	s of Organization will b	e effective: CHECK	
Date received (Upon	filing)		
	Date must be no more	than 30 days from th	ne day of filing)
	Jate Must be no more	t have exemined th	nese Articles of Organization, including any acc
Under penalty of perjury, I	that all statements col	ntained herein are tr	ue and correct.
nanving attachments, and		Address	
panying attachments, and Name of Authorized Person			irt
		5 Crystal Cou	
Name of Authorized Person		State	Zip Code
Name of Authorized Person Jean D. DiMeo			Zip Code 02919
Name of Authorized Person Jean D. DiMeo City/Town Johnston Signature of Authorized Pers	on J	State Rhode Island	Zip Code 02919 Date
Name of Authorized Person Jean D. DiMeo City/Town Johnston Signature of Authorized Pers	on 1. Ali Me	State Rhode Island	Zip Code 02919

. . . .

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

