

## 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 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 liability company

| The name of the limited liability compa  | nv is:                                 |                                 |   |
|--|--|---------------------------------|---|
| The state of the s | He Investments                         | LLC                             | eri e de ere e dire e de de geri es <u>e</u> ntaga. |
| 2. The name and address of the initial res   | ident agent/office in Rhode Islan      | d is:                           |   |
| Name Karley Carto  |  |                                 |   |
| Street Address (NOT a P.O. Box)  | Putnam Pi                              | Ke                              |   |
| City/Town<br>Johnston  | State RHODE ISLAI                      | ND Zip Coc                      |   |
| 3. Under the terms of these Articles of Ord<br>the limited liability company is intended to  |  |                                 |   |
| a partnership <b>or</b> a corporation <b>or</b> disregarded as an entity separ   | rate from its member                   |                                 |   |
| 4. The address of the principal office of th   | e limited liability company if it is   | determined at the time of organ | nization:   |
| Street Address   | itnam Pike                             |                                 |   |
|  | State Rhode I                          | sland Zip Coo                   | de<br>919   |
| 5. The limited liability company has the puuntil dissolved or terminated in accordance Section 6 of these Articles of Organization   | e with RIGL <u>7-16,</u> unless a more |                                 |   |

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BY CN 9446386

Form No. 400 Revised: 2016

|   | ot limited to, any li                             | mitation of the purpo | ose(s) or dura   | t to have set forth in these Articles<br>ation for which the limited liability<br>gagreement:  |
|---|---|-----------------------|------------------|--|
|   |   |                       |                  |  |
|   |   |                       |                  |  |
| 7. The Limited Liability Company                                  | is to be managed                                  |                       | Chec             | k this box to indicate attachment  |
| You MUST check one box:   | is to be managed                                  |                       |                  |  |
| Its member(s) (If you have o                                      | checked this box,                                 | skip to Section 8. D  | o not fill out t | the chart below.)  |
| One (1) or more manager(s of Organization, state the na           |   |                       |                  | t the time of the filing of these Articles   |
| MANAGER   | ADDRESS   |                       |                  |  |
|   |   |                       |                  |  |
|   |   |                       |                  |  |
|   | <u> </u>  |                       |                  |  |
|   |   |                       |                  |  |
|   |   |                       | <b></b>          |  |
|   |   |                       |                  | **************************************   |
| 8. Date when these Articles of Or                                 | ganization will be                                | effective: CHECK C    | ONLY ONE B       | OX 1.50 CONTRACTOR OF THE CONT |
| Date received (Upon filing)                                       |   |                       |                  |  |
| Later effective date (Date mu                                     | ust be no more tha                                | an 30 days from the   | day of filing)   |  |
| Under penalty of perjury, I declare accompanying attachments, and |   |                       |                  |  |
| Name of Authorized Person   | •   | Address               |                  |  |
| Karley Carto  |   | P.O.                  | BOX              | 40475  |
| City/Town Providence  |   | State<br>RI           | Zip Code         | 2940   |
| Signature of Authorized Berson                                    | DOCUMENT I  | HERE                  |                  | Date 3 / 2 4 / 16  |
|   | <del>- }                                   </del> |                       |                  | <u> </u>   |

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

