

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

Articles of Organization DOMESTIC Limited Liability Company

Filing Fee: \$150.00

SECRETARY OF STATE CORPORATIONS DIV

Pursuant to the provisions of RIGL <u>7-16</u>, 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:

Torrey Enterprises, LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Name

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):

RHODE ISLAND

ш	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

Citv/Town

Warwick

25 Diane Drive

Anthony E. Del Toro, Esquire

33 College Hill Road, Building 15-H

Street Address (NOT a P.O. Box)

City/Town Coventry

State

State

Rhode Island

Zip Code 02816

Zip Code

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 <u>7-16</u>, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

FILED

10:18

APR 08 2016

By At 271926

Form No. 400 Revised: 2016

					ect to have set forth in these Articles uration for which the limited liability
company is formed, and any oth	er provision whic	ch m	ay be included i	n an operatii	ng agreement:
				Che	ck this box to indicate attachment.
7. The Limited Liability Company	is to be manage	ed by	/:		ck this box to indicate attachment.
You MUST check one box:					
✓ Its member(s) (If you have or	hecked this box,	, skiç	to Section 8. E	o not fill out	the chart below.)
					•
of Organization, state the na	me and address	of ea	y company nas i ach manager be	manager(s) a elow.)	at the time of the filing of these Articles
MANAGER	ADDRESS				
					
					· · · · · · · · · · · · · · · · · · ·
				····	
8. Date when these Articles of Org	anization will be	effe	ctive: CHECK (ONLY ONE E	ROY
✓ Date received (Upon filing)					
Later effective date (Date mu	st be no more th	an 3	0 days from the	day of filing))
Under penalty of perjury, I declare					
accompanying attachments, and t	hat all statement	s co	ntained herein a	are true and (correct.
Name of Authorized Person		Address			
Anthony E. Del Toro, Esquire	ə		33 College I	Hill Road, E	Building 15-H
City/Town	City/Town St				_
Warwick			-	Zip Code 02886	1
Signature of Authorized Person	79				T _n .
	EQUINITIES	ERI	Eng		Apr. 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.