



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

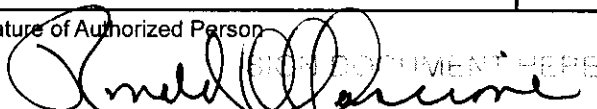
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SECRETARY OF STATE  
CORPORATIONS DIV  
2016 APR 26 PM 3:14

**Articles of Organization**  
**DOMESTIC 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:		
<b>All The Above Entertainment, LLC</b>		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Name <b>Ronald F. Cascione</b>		
Street Address (NOT a P.O. Box) <b>362 Broadway</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02909</b>
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 type="checkbox"/> a partnership or <input type="checkbox"/> a corporation or <input checked="" 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:		
Street Address <b>24 Woodlake Drive</b>		
City/Town <b>Johnston</b>	State <b>Rhode Island</b>	Zip Code <b>02919</b>
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.		

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6. Additional provisions, if any, not inconsistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) 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. <input type="checkbox"/>			
7. The Limited Liability Company is to be managed by:			
You <b>MUST</b> check one box:			
<input checked="" type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 8. <b>Do not</b> fill out the chart below.)			
<input type="checkbox"/> 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.)			
<b>MANAGER</b>	<b>ADDRESS</b>		
8. Date when these Articles of Organization will be effective: <b>CHECK ONLY ONE BOX</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person <b>Ronald F. Cascione</b>		Address <b>362 Broadway</b>	
City/Town <b>Providence</b>	State <b>RI</b>	Zip Code <b>02909</b>	
Signature of Authorized Person 			Date <b>4/26/16</b>

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](mailto: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*

