

to be organized hereby:

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

1. The name of the limited liability compa	ny is:	
42 HAZEL	LLC	
2. The name and address of the limited li	ability company's resident agent in Rhode	Island is:
Name William Gas	gne	
Street Address (NOT a P.O. Box) 398 CVLOL	Road	
City/Town	State RHODE ISLAND	2000 8625
	ganization and any written operating agree be treated for purposes of federal income	
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 determine	ed at the time of organization:
Street Address 398 Gleat	- Road	
City/Town	State ZI	Zip Code 028 65
	urpose of engaging in any lawful business, e with RIGL 7-16, unless a more limited p n.	

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Form No. 400 Revised: 2015

	t limited to, any limitation of the	ne member(s) elect to have set forth in these purpose(s) or duration for which the limited lided in an operating agreement:	
		Check this box to indicate attac	hment 🔲
7. The Limited Liability Company	is to be managed by:		
One (1) or more manager(s		n 8. Do not fill out the chart below.) has manager(s) at the time of the filing of the	ese Articles
MANAGER	BUSINESS ADDRESS	ger below.)	
8. Date when these Articles of Or	ganization will be effective: CHE	ECK ONLY ONE BOX	
Date received (Upon filing)			
Later effective date (Date mo	ist be no more than 30 days fro	m the day of filing)	
Under penalty of perjury, I declar panying attachments, and that all		ed these Articles of Organization, including ar re true and correct.	ny accom-
Name of Authorized Person	pagne 30	18 Great Road	
City/Town	State	Zip Code 0805	
Signature of Authorized Person		Date 11 2011	

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

