

## 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

| Pursuant to the provisions of RIGL <u>7-16</u> , to be organized hereby:   | he following Articles                              | of Organization are adopte                                    | ed for the limited liability company                              |  |  |  |  |  |
|--|--|---|---|--|--|--|--|--|
| The name of the limited liability compa  | nylis Musikatik                                    |   | <b>维国联队的</b> 第二人称形式   |  |  |  |  |  |
| RLU, LLC.  |  |   |   |  |  |  |  |  |
| 2. The name and address of the initial res   | sident agenvoffice ir                              | Rhode <b>ʻi</b> lsland is:                                    | entropical and the last   |  |  |  |  |  |
| Name<br>Richard E. Updegrove, Jr., Esq.  |  |   |   |  |  |  |  |  |
| Street Address (NOT a P.O. Box) 314 Oliphant Lane  |  |   |   |  |  |  |  |  |
| City/Town<br><b>Middletown</b>   | State RI   | HODE ISLAND   | Zip Code<br>02842   |  |  |  |  |  |
| 3. Under the terms of these Articles of Or<br>the limited liability company is intended to   | ganization and any                                 | written operating agreeme                                     | nt made or intended to be made,<br>ation as (check ONE box)       |  |  |  |  |  |
| ☐ 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.   |  |   |   |  |  |  |  |  |
| 422 C South Road   |  |   |   |  |  |  |  |  |
| City/Town<br>South Kingstown   | State<br>Rhode Island                              |   | Zip Code<br>02879   |  |  |  |  |  |
| is incommentation was a second and the second and t | ក្រោះ ទេស ខាសមន្តហើយ<br>១៤៣ គ្រែកខាន វិយស្រែល<br>គ | តែខាស់ lewiបាច់បនាក្នុំនាន់មិនក្រ<br>កោទទេ១ភាសាភា(នៅខ្មែរប្រទ | tshall have perpetual existence<br>se or duration is set forth in |  |  |  |  |  |

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| 6 Additional provisions if any not inconsistent wi<br>of Organization sincluding but not limited to, any<br>company is formed, and any other provision which  | imită       | ation of the purpo                     | se(s) or dura                            | ation for which the limited liability |  |  |  |
|---|-------------|--|--|---------------------------------------|--|--|--|
| None yet determined   |             |  |  |                                       |  |  |  |
| None yet determined   |             |  |  | •                                     |  |  |  |
|   |             |  |  |                                       |  |  |  |
|   |             |  |  |                                       |  |  |  |
|   |             |  | Chec                                     | k this box to indicate attachment.    |  |  |  |
|   | d by        | rivinge menter                         |  |                                       |  |  |  |
| You MUST check one box:   | 364 (99 · ) |  | [] [] [] [] [] [] [] [] [] [] [] [] [] [ | ····································· |  |  |  |
| Its member(s) (If you have checked this box, skip to Section 8. <b>Do not</b> fill out the chart below.)  |             |  |  |                                       |  |  |  |
| 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.)               |             |  |  |                                       |  |  |  |
| MANAGERA SHESHILLING ADDRESS 2  |             |  |  |                                       |  |  |  |
|   |             |  |  |                                       |  |  |  |
|   |             |  |  |                                       |  |  |  |
|   |             |  |  |                                       |  |  |  |
|   |             |  |  |                                       |  |  |  |
|   |             |  |  | ·                                     |  |  |  |
|   |             |  |  |                                       |  |  |  |
| <br> B*Date:when these Articles of Organization Willibe   |             | ************************************** | MIX:6NE E                                |                                       |  |  |  |
| rospatewielatiese Auries of Organization winde  |             |  | ples promise our dyour draws             |                                       |  |  |  |
| ✓ Date received (Upon filing)   |             |  |  |                                       |  |  |  |
| Later effective date (Date must be no more than 30 days from the day of filing)   |             |  |  |                                       |  |  |  |
| Under penalty of perjury, ligeclare and affirm that lihave examined these Articles of Organization, including any accompanying attachments and that all statements contained herein are true and correct. |             |  |  |                                       |  |  |  |
| Name of Authorized Person   |             | Address                                |  |                                       |  |  |  |
| Randall L. Updegrove  |             | 422 C South Road                       |  |                                       |  |  |  |
| City/Town   | Sta         | te                                     | Zip Code                                 |                                       |  |  |  |
| South Kingstown   | RI          |  | 02879                                    |                                       |  |  |  |
| Signature of Authorized Person Date   |             |  |  |                                       |  |  |  |
| SIGN DOCOMENT HERE 5/15/16  |             |  |  |                                       |  |  |  |
|   |             |  |  |                                       |  |  |  |

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

