

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

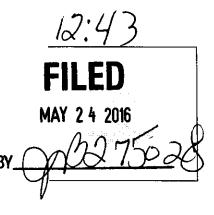
Articles of Organization DOMESTIC Limited Liability Company

Filing Fee: \$150.00

2016 MAY 24 PH 12: 4	RECRETARY OF STAT
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Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

925 Atwells Ave, LLC					
2. The name and address of the initial resident agent/o	office in Rhode Island is:				
Name Resnick and Caffrey, PC					
Street Address (<u>NOT</u> a P.O. Box) 300 Centerville Rd,	SW Ste 300				
City/Town Warwick	State RHODE ISLAND	Zip Code 02886			
Under the terms of these Articles of Organization an the limited liability company is intended to be treated for					
a partnership or		-			
a corporation or		-			
	member				
a corporation or		e of organization:			
a corporation or disregarded as an entity separate from its r		e of organization:			



6. Additional provisions, if any, no	t inconsistent with I	law, wi	nich the mem	ber(s) elect to have	e set forth in these Articles		
of Organization, including, but no company is formed, and any othe	t limited to, any limi	tation	of the purpos	e(s) or duration for	which the limited liability		
- Total and the second and doily of the	- Freiher might		anoique ili a	a operating agreet			
				Check this b	ox to indicate attachment.		
7. The Limited Liability Company	is to be managed b	y:					
You MUST check one box:		<u></u>					
Its member(s) (If you have c		-					
One (1) or more manager(s) of Organization, state the na	(If the limited liabilities and address of	ity con each r	n <mark>pany has manager</mark> belo	anager(s) at the tin w.)	ne of the filing of these Articles		
MANAGER	ADDRESS	a arunters		•••• 			
	ADDRESS		autory ford on a The Constant of the				
					<u>, , </u>		
	·····	.					
8. Date when these Articles of Or	ganization will be e	ffectiv	e: CHECK O	NLY ONE BOX			
☑ Date received (Upon filing)							
Later effective date (Date must be no more than 30 days from the day of filing)							
Under penalty of perjury, I declare					ization, including any		
accompanying attachments, and	that all statements	contai	ned herein ai	e true and correct.			
Name of Authorized Person			Address				
Maria Guzman			68 Farmington Avenue				
City/Town Sta		State		Zip Code			
Providence RI		રા		02909			
Signature of Authorized Person Date							
Mun Cillin 10/24/16							
					<i>'</i>		

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.



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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

