State of Rhode Island and Providence Plantations  Department of State - Business Services Divisions	SEC CC 2015						
Articles of Organization DOMESTIC Limited Liability Company		THE STATE OF THE S					
→ Filing Fee: \$150.00		PH 2:					
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	nization are adopted for	?: <b>5</b> 0					
The name of the limited liability company is:							
Y&L Properties, LLC							
2. The name and address of the initial resident agent/office in Rhode Island is:							
Name Ariel Gomez							
Street Address (NOT a P.O. Box) 10 South Street							
City/Town Bristol	State RHODE ISLAND	Zip Code <b>02809</b>					
3. Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of							
partnership <b>or</b>							
a corporation <b>or</b>							
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 10 South Street							

2:50pm

Zip Code 02809

State RI

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 7-16, unless a more limited purpose or duration is set forth in

**FILED** 

JUN 24 2016

By 277578

KM

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Section 6 of these Articles of Organization.

Phone: (401) 222-3040 Website: www.sos.ri.gov

City/Town Bristol

6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other	ot limited to, any limitation	on o	f the purpose(s) or	duration for	which the limited liability	s
•	,		·	0 0		
			,	Chook this h	ay ta indicata attachman	٦ ـ
7. The Limited Liability Company	is to be managed by:			Check this b	ox to indicate attachmen	<u> </u>
You MUST check one box:  Its member(s) (If you have of	hecked this box, skip to	Se	ction 8. <b>Do not</b> fill	out the char	t below.)	
One (1) or more manager(s) of Organization, state the na				s) at the tim	e of the filing of these Art	ticles
MANAGER	ADDRESS					
·						
8. Date when these Articles of Or	ganization will be effect	ive:	CHECK ONLY ON	IE BOX		
✓ Date received (Upon filing)						
Later effective date (Date mu	ust be no more than 30	dav:	s from the day of fi	lina)		
Under penalty of perjury, I declare					zation including any	
accompanying attachments, and						
Name of Authorized Person		Address				
Ariel Gomez		10 Smith Street				
City/Town			State		Zip Code	
Bristol			RI		02809	
Signature of Authorized Person					Date	
(loll) Ma	Q/				6/15/16	

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

