State of Rhode Island and Providence Plantations **Department of State - Business Services Division** 

## Articles of Organization DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

ursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for e limited liability company to be organized hereby:						
1. The name of the limited liability company is:						
JCLO, LLC						
2. The name and address of the initial resident agent/office in Rhode	Island is:					
Name MARK E. LIBERATI, ESQ.						
Street Address ( <u>NOT</u> a P.O. Box) 1536 WESTMINSTER STREET						
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02909				
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 3471 KINGSTOWN ROAD						
City/Town WEST KINGSTON	State RI	Zip Code 02892				
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a						

Section 6 of these Articles of Organization.

MAIL TO: **Division of Business Services** 148 W. River Street, Providence. Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

FILED 11:01 JUL 0 5 2016 By K 27824

2016 JUL

ហ

Ą

6. Additional provisions, if any, r	ot inconsistent with lay	N, W	hich the member(s) elect to ha	ve set forth in these Articles		
of Organization, including, but n company is formed, and any oth	er provision which ma	tion y be	of the purpose(s) or duration for included in an operating agree	or which the limited liability ment:		
			1 5 - 5 - 5			
7. The Limited Liebility Comment			Check this	box to indicate attachment.		
7. The Limited Liability Company You MUST check one box:	/ is to be managed by:					
	checked this box, skip	to S	ection 8. <b>Do not</b> fill out the cha	art below.)		
One (1) or more manager(s	) (If the limited liability	com	pany has manager(s) at the tir			
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.)						
MANAGER	ADDRESS					
8. Date when these Articles of Or	ganization will be effect	ctive	CHECK ONLY ONE BOX			
Date received (Upon filing)	·····					
Later effective date (Date m	ist be no more then 20	) da.				
Later effective date (Date mi						
Under penalty of perjury, I declare accompanying attachments, and	e and affirm that I have that all statements con	e exa Itaini	mined these Articles of Organi ed herein are true and correct	ization, including any		
Name of Authorized Person		Addr				
MARK E. LIBERATI, ESQ. 153			1536 WESTMINSTER STREET			
City/Town			State	Zip Code		
PROVIDENCE			RI	02909		
Signature of Authorized Person Date						
Shere Englisher Shere 7/5/16						
				1 1 1 1 0		

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

