



2016 JUL -6 AM 11:53

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16</u> . the following Articles of Organization are adopted for the limited liability company to be organized hereby:						
1. The name of the limited liability company is:						
Walker Street Apartments, LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Name David M. Campanella, Esq. c/o LaPlante Sowa Goldman						
Street Address (NOT a P.O. Box) 272 West Exchange Street						
City/Town Providence	State RHODE ISLAND	Zip Code 02903				
3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made. the limited liability company is intended to be treated for purposes of federal income taxation as (check ONE box):						
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:						
Street Address 138 Atwells Avenue						
City/Town Providence	State RI	Zip Code 02903				
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 <u>7-16</u> , unless a more limited purpose or duration is set forth in 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

BY Ca 278398

1/.'53

6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other than may be provided.	ot limited to. any limita er provision which ma	tion o	of the purpose(s) or duration included in an operating ag	for which the limited liability	
			Check th	is box to indicate attachment.	
7. The Limited Liability Company	is to be managed by:				
You MUST check one box: Its member(s) (If you have o	checked this box. skip	to Se	ection 8. Do not fill out the	chart below.)	
One (1) or more manager(s) of Organization. state the na				time of the filing of these Articles	
MANAGER	ADDRESS				
Trevor J. Wiggins	138 Atwells Avenue, Providence, RI 02903				
		•			
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX					
☑ Date received (Upon filing)					
Later effective date (Date mu	ust be no more than 3	0 day	rs from the day of filing)		
Under penalty of perjury, I declare accompanying attachments, and					
Name of Authorized Person Addre		Idress			
David M. Campanella 272		72 West Exchange Street			
City/Town			State	Zip Code	
Providence		RI	02903		
Signature of Authorized Person SIGN DOCUMENT HERE			Date July 6 , 2016		

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

