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

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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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:	

1. The name of the limited liability company is:

GREEN SOLAR RAMA LLC.

2. The name and address of the initial resident agent/office in Rhode Island is:

Name William P. Devereaux, Esq, PANNONE LOPES DEVEREAUX & WEST LLC

Street Address (NOT a P.O. Box) 317 Iron Horse Way, Suite 301

City/Town Providence,	State RHODE ISLAND	Zip Code 02908
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 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 C/O RAM SEETHARAMAN, P.E - 10 PONDVIEW LANE

City/Town ASHLAND	State MASS	Zip Code 01721
5. The limited liability company has the purpose of engaging in any la	wful husiness, and shall ha	ve perpetual existen

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

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 Additional provisions, if any, of Organization, including, but i company is formed, and any ot 	not limited to, any limita	tion of the pu	rpose(s) or duration	for which the limited liability
TO CONDUCT THE BUSINES AND OTHERS - ACQUIRE, DE AND OTHER SERVICES FOR	VELOP, RENOVATE	REAL ESTAT		RGY PLANTS - SOLAR, WIND I COMMUNITY DEVELOPMENT
			Check th	is box to indicate attachment.
7. The Limited Liability Compar	y is to be managed by			
You MUST check one box: Its member(s) (If you have				-
One (1) ^t er more manager of Organization, state the n				time of the filing of these Articles
MANAGER	ADDRESS			·····
8. Date when these Articles of (Organization will be effe	ctive: CHEC	ONLY ONE BOX	
✓ Date received (Upon filing)				
Later effective date (Date n	nust be no more than 3	0 days from t	he day of filing)	
Under penalty of perjury, I decla accompanying attachments, and				
Name of Authorized Person		Address	,	
RAM SEETHARAMAN		10 PONDVI	EW LANE	
City/Town		State		Zip Code
ASHLAND		MASS	ACHUSETTS	01721
Signature of Authorized Person	S. Roman	\mathcal{I}		
		~		JULY 6, 2016



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

