

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

SECRETALY OF STATE CORPORATIONS DIV

Articles of Organization Limited Liability Company

Filing Fee: \$150.00

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 compa	ny is:					
Royal at Home RI, LLC						
2. The name and address of the limited li	ability company's resident agent in Rhode Island is					
Name						
James S. Mamary Sr.						
Street Address (NOT a P.O. Box)						
201 Forest Ave						
City/Town	State PHODE ICLAND	Zip Code				
Middletown	RHODE ISLAND	02842				
3. Under the terms of these Articles of On the limited liability company is intended to	ganization and any written operating agreement ma be treated for purposes of federal income taxation	ade or intended to be made, a as (check ONE box):				
a partnership or		***				
a corporation or						
disregarded as an entity separate from its member						
disrogarded as all entity separ	ate nom its member					
4. The address of the principal office of th	e limited liability company if it is determined at the	time of organization:				
Street Address						
42 Winter Street Unit 1						
City/Town	State	Zip Code				
Pembroke	MA	02359				
	rpose of engaging in any lawful business, and sha e with RIGL 7-16, unless a more limited purpose o					

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BY Ca 280464

Form No. 400 Revised: 2015

Additional provisions, if any, no of Organization, including, but no company is formed, and any other	ot limited to, any limi	itation of the purpo	se(s) or dura	
			Chec	k this box to indicate attachment
7. The Limited Liability Company	is to be managed b	y:		. · · · · · · · · · · · · · · · · · · ·
You MUST check one box:				
Its member(s) (If you have c	checked this box, sk	ip to Section 8. Do	not fill out t	the chart below.)
One (1) or more manager(s) of Organization, state the name) (If the limited liabili me and address of o	ity company has m each manager bel	nanager(s) al ow.)	the time of the filing of these Articles
MANAGER	BUSINESS ADDR	RESS		
8. Date when these Articles of Or	 ganization will be ef	fective: CHECK O	NLY ONE B	ΟX
Date received (Upon filing)				
Later effective date (Date mu	ust be no more than	30 days from the	day of filing)	
Under penalty of perjury, I declare panying attachments, and that all				Organization, including any accom-
Name of Authorized Person		Address	<u> </u>	
James S. Mamary Sr	42 Winter Street Unit 1			
City/Town	Si	tate	Zip Code	
Pembroke	()	MA	02359	
Signature of Authorized Person	1/,	-		Date
\wedge	mllli	yh		8/1/16
		Y		
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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.

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

