



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

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 CORPORATIONS DIV
 2016 AUG 10 PM 2:59
 STAMP
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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 company is:		
Twisted Cellar LLC		
2. The name and address of the limited liability company's registered agent in Rhode Island is:		
Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
3. Under the terms of these Articles of Organization and any written operating agreement entered into by or for the limited liability company, it is intended to be treated for purposes of federal income taxation as (check ONE box):		
<input type="checkbox"/> a partnership or <input checked="" type="checkbox"/> a corporation or <input type="checkbox"/> disregarded as an entity separate from its member		
4. The address of the principal office of the limited liability company is (its office shall be in the state of organization):		
Street Address 1340 Old Clinton Road, #9		
City/Town Westbrook	State CT	Zip Code 06498
5. The limited liability company has the purpose or purposes of (check all that apply):		
<input type="checkbox"/> to be dissolved or terminated in accordance with (C.R.I.C. 7-1.6, unless a limited purpose corporation as defined in Section 7-1.6 of these Articles of Organization).		

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6. Additional provisions in any franchise agreement with a franchisor, or in any other agreement with a third party, which the member(s) of the Organization have signed in connection with the formation of the Organization, including, but not limited to, any limitation on the purpose or duration of the Organization, the limited liability company is formed, and any other provision which may be included in an operating agreement.

Check this 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 checked this box, skip to Section 8. Do not fill out the chart below.)
 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	BUSINESS ADDRESS
Newco Strategies, LLC	1340 Old Clinton Road, #9, Westbrook, CT 06498
Carmine Valle	1340 Old Clinton Road, #9, Westbrook, CT 06498
George Carabetta	1340 Old Clinton Road, #9, Westbrook, CT 06498

8. Date when these Articles of Organization will be effective: EFFECTIVE UPON FILING

Date received (Upon filing)
 Later effective date (Date must be no more than 30 days from the day of filing) _____

I, the undersigned, hereby declare and affirm that I have examined these Articles of Organization, including any attachments, and that all statements contained therein are true and correct.

Name of Authorized Person George Carabetta		Address 1340 Old Clinton Road, #9	
City/Town Westbrook	State CT	Zip Code 06498	
Signature of Authorized Person 			Date 8/9/16

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.