State of Rhode Island and Providence Plantations Department of State - Business Services Division	on	
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		SCORETARY OF THE PROPERTY OF T
Pursuant to the provisions of RIGL $7-16$, the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for	MIII:
The name of the limited liability company is:		o m
Roach, LLC		
2. The name and address of the initial resident agent/office in Rhode	Island is:	
Name LIBERATI & PERETTI, LLP		
Street Address (NOT a P.O. Box) 1536 WESTMINSTER STREET		
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02909
 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 44 SOUTHWEST AVENUE, PO BOX 436		
City/Town JAMESTOWN	State RI	Zip Code 02835
5. The limited liability company has the purpose of engaging in any la		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Section 6 of these Articles of Organization.

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 1 7 2016

BY CM 281552

& Additional provisions if any no	at inconsistent with law	which the member(s) elect to have	s set forth in these Articles	
		on of the purpose(s) or duration for		
	•	be included in an operating agreen	•	
ı				
		Check this b	ox to indicate attachment.	
7. The Limited Liability Company	is to be managed by:			
You MUST check one box: Its member(s) (If you have c	hecked this box, skip to	o Section 8. Do not fill out the char	t below.)	
	•	company has manager(s) at the time	•	
of Organization, state the nar			e of the ming of those / this.	
MANAGER	ADDRESS			
-1				
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX				
✓ Date received (Upon filing)				
Later effective date (Date mu	ist be no more than 30	days from the day of filing)		
Under penalty of perjury, I declare accompanying attachments, and t		examined these Articles of Organia tained herein are true and correct.	zation, including any	
Name of Authorized Person	ame of Authorized Person Address			
MARK E. LIBERATI	IBERATI 1536 WESTMINSTER STREET			
City/Town		State	Zip Code	
PROVIDENCE		RI	02909	
Signature of Authorized Person	1	•	Date 17, 2016	
·				