

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

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:		a lot are invited hability company				
1. The name of the limited liability compa	any is:					
RGB INVEST	GEATIONS LLC	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
	iability company's resident agent in Rhode Island	d is:				
Name RONALD BIANCH	41					
Street Address (NOT a P.O. Box)						
12 NUTMES DRIVE						
City/Town ープのイルらての ハ	State RHODE ISLAND	Zip Code 02919				
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):						
a partnership or a corporation or disregarded as an entity separ	rate 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 12 NutmE6	DRIVE					
City/Town OFFN 570/V	State RHODL ISLAND	Zip Code				
5. The limited liability company has the pu	urpose of engaging in any lawful business, and s be with RIGL 7-16, unless a more limited purpose n.	shall have perpetual existence e or duration is set forth in				

FILED

Check this box to indicate attachment 7. The Limited Liability Company is to be managed by: You MUST check one box:	6. Additional provisions, if any, not of Organization, including, but not company is formed, and any other	limited to, any li	mitation of the purpo	ose(s) or dura	ation for which the limited liability	
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 RONALD BIANCHI TI 12 NUTMEG DA., TONNSTON R.T. 02919 B. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address 12 NUTMEG NUTMEG AUTHORITE STATUS ACTION OF THE STATUS OF THE STATUS ACTION OF THE STATUS OF						
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 RONALD BIANCHI TI 12 NUTMEG DA. TONNSTON R.T. 02919 B. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address 12 NUTMEG DA. Address 13 NUTMEG DA. AUTMEG DA.						
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 RONALD BIANCHI TI 12 NUTMEG DA. TONNSTON R.T. 02919 B. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address 12 NUTMEG DA. Address 13 NUTMEG DA. AUTMEG DA.						
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 RONALD BIANCHI TI 12 NUTMEG DA. TONNSTON R.T. 02919 B. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address 12 NUTMEG DA. Address 13 NUTMEG DA. AUTMEG DA.						
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.) Its member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.) Its member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.) It may be a subject to the filing of these Articles of Organization, state the name and address of each manager below.) It may be a subject to the filing of these Articles of Organization, and that I statements contained herein are true and correct. It is member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.) It is member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.) It is member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.) It is member(s) (If you have examined the chart fill out the chart below.) It is member(s) (If you have examined the chart fill out the chart below.) It is member(s) (If you have examined the chart fill out the chart below.) It is member(s) (If you have examined the chart fill out the chart below.) It is member(s) (If you have examined the chart fill out the chart below.) It is member(s) (If you have examined the chart fill out the chart below.) It is member(s) (If you have examined the chart fill out the chart below.) It is member(s) (If you have examined the chart fill out the chart below.) It is member(s) (If you have examined the chart fill out the chart below.) It is member(s) (If you have examined the chart fill out the chart below.)	7 The Limited Liebility Company	o to be managed	4 1	Chec	k this box to indicate attachment	
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 ROWALD BIANCHI II I2 NUTMEG Dr	······································	s to be managed	ı oy:			
MANAGER BUSINESS ADDRESS RONALY BIANCHI II 12 NUTMEG DL. TONNSTON R.I. 02919 8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address Address Address Address Address		necked this box,	skip to Section 8. De	o not fill out t	he chart below.)	
MANAGER BUSINESS ADDRESS RONALY BIANCHI II 12 NUTMEG DL. TONNSTON R.I. 02919 8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address Address Address Address Address	One (1) or more manager(s)	(If the limited liab	nility company has n	nanager(e) al	the time of the filing of these Articles	
RONALS BIANCHI II 12 NUTMEG DR., I ONNSTON R.I. 02919 8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address Address Janual Address Address Address Address Address Address	of Organization, state the nam	ne and address of	of each manager bel	ow.)	the time of the filling of these Afticles	
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address Lance Box Authorized Person Address	MANAGER	BUSINESS ADI	ORESS			
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address Lance Box Authorized Person Address						
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address Lance Box Authorized Person Address	KONALY BIANCHI I	12 NUTA	IEG DR . , -	- 0~N	STON R.I. 02919	
Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address 12 Notae Drive			•		·	
Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address 12 Notae Drive				····		
Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address 12 Notae Drive		······································				
Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address 12 Notae Drive						
Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address 12 Notae Drive	8. Date when these Articles of Orga	anization will be	effective: CHECK O	NI Y ONE R	<u> </u>	
Later effective date (Date must be no more than 30 days from the day of filing) Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address 12 Norme 6 Drive			Chocaro. OILON C	MATEL OHE B		
Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person Address 12 Nother Contained 12 Nother Contained 13 Nother Contained 14 Nother Contained 15 Nother Contained 16 Nother Contained 17 Nother Contained 18 Nother Contained	Date received (Upon filing)					
Name of Authorized Person Konacy Branch II 12 Normer Drive	Later effective date (Date must be no more than 30 days from the day of filing)					
KONAL) BIANING I 12 NOTHEG DRIVE	Under penalty of perjury, I declare panying attachments, and that all s	and affirm that I statements conta	have examined thes ined herein are true	se Articles of and correct.	Organization, including any accom-	
	Name of Authorized Person		1			
City/Town State Zip Code	KONAL) BIANCA	4 ==	12 Nu	TMEG	Drive	
	City/Town		_	Zip Code		
-VOLINSTON R. 529,9	1511,USTON		52	クシ	3,9	
Signature of Authorized Person Date	Signature of Authorized Person	/]			Date /	
1 1/16/16	Mal				9/16/16	

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.