

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 18 2016 8x 28 (0229) A.A. 12:50P.0

6. Additional provisions, if any, not inconsistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which 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. <b>Do not</b> 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	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  Elio & Olivero  City/Town  Providence  Address  360 Plainfield ST  Zip Code  02909			
City/Town Propriedance		State	Zip Code 0 2 9 0 9
	<del>1</del>		
Signature of Authorized Person  SIGN DO WHENT HERE  10			Date / / // // / / / / / / / / / / / / / /
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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

