

## 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 DOMESTIC Limited Liability Company

Filing Fee: \$150.00

| Pursuant to the provisions of RIGL <u>7-16</u> , to be organized hereby:  | he following | Articles of Organization are ad | opted for the limited liability company |  |  |  |  |
|---|--------------|---------------------------------|---|--|--|--|--|
| 1. The name of the limited liability compa  | ıny is:      | •                               |   |  |  |  |  |
| Purrs and Woofs, IIc  |              |                                 |   |  |  |  |  |
| 2. The name and address of the initial re-  | sident agent | office in Rhode Island is:      |   |  |  |  |  |
| Name<br>Diana M Felici  |              |                                 |   |  |  |  |  |
| Street Address (NOT a P.O. Box)  13110 Patriot Way  |              |                                 |   |  |  |  |  |
| City/Town<br>West Greenwich   | State        | RHODE ISLAND                    | Zip Code<br><b>02817</b>                |  |  |  |  |
| 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): |              |                                 |   |  |  |  |  |
| <ul><li>□ a partnership or</li><li>□ a corporation or</li><li>✓ disregarded as an entity sepa</li></ul>   |              |                                 |   |  |  |  |  |
| 4. The address of the principal office of the limited liability company if it is determined at the time of organization:  |              |                                 |   |  |  |  |  |
| Street Address  |              |                                 |   |  |  |  |  |
| not yet determined  |              |                                 |   |  |  |  |  |
| City/Town   | State RI     |                                 | Zip Code                                |  |  |  |  |
| 5. The limited liability company has the pu   | •            |                                 | · •                                     |  |  |  |  |

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OCT 2 1 2016

By \$ 286531

Form No. 400 Revised: 2016

Section 6 of these Articles of Organization.

| 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: |                  |      |                  |              |                                     |  |
|---|------------------|------|------------------|--------------|-------------------------------------|--|
|   |                  |      |                  |              |                                     |  |
|   |                  |      |                  |              |                                     |  |
|   |                  |      |                  |              |                                     |  |
|   |                  |      |                  |              |                                     |  |
|   |                  |      |                  | Chec         | ck 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 compared)   | hecked 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   | 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 accompanying attachments, and   |                  |      |                  |              |                                     |  |
| Name of Authorized Person   |                  |      | Address          |              |                                     |  |
| Diana M. Felici 13110 Patriot Way   |                  |      |                  |              |                                     |  |
| City/Town   |                  | Stat | te               | Zip Code     |                                     |  |
| West Greenwich  |                  | RI   | i                | 02817        |                                     |  |
| Signature of Authorized Person  | MFEN             | 1 (  | 3E               |              | Date 10 21 2016                     |  |

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

