

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL $\underline{7-16}$, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

R.I. DEPT. OF STATE BUS SYCS ON U. O.S

the limited liability company to be organized hereby:		<u> </u>		
The name of the limited liability company is:				
401 Cultivation LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Name GIND Majorano				
Street Address (NOT a P.O. Box) 69 Touro St.				
City/Town Newport	State RHODE ISLAND	Zip Code Od \$40		
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):				
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 69 Touro St.				
City/Town Newport	State RI	Zip Code しつ840		
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.				

FILED

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BY 288157 KL

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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:				
		Chack this h	ox to indicate attachment.	
7. The Limited Liability Company	is to be managed by:	Officer tills to	to indicate attachment.	
You MUST check one box: Its member(s) (If you have compared to the second secon	hecked this box, skip to Se	ection 8. Do not fill out the char	rt 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	Addr			
GINO Mai	Urano	69 Tours	St.	
City/Town	•	State	Zip Code	
Wewport		KI	02840	
Signature of Authorized Pereon		Date /		
SIGN DOCUMENT HERE		11/9/16		
	_ /			