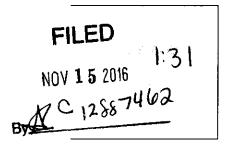
State of Rhode Island and Providence Plantations Department of State - Business Services Divisi	on		
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00 Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	anization are adopted for	R.I. DEPTOF STATE R.I. DEPTOF STATE 2016 NOV 15 PH 1:	
1. The name of the limited liability company is:	LC	-	
2. The name and address of the initial resident agent/office in Rhode	lsland is:		
Name ASSanctra Beaumier Street Address (NOT a P.O. Box) 875 OAK Lawn Ave Suite 101			
City/Town Cranston	State RHODE ISLAND	Zip Code のユタユの	
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 i	f it is determined at the time	of organization:	
Street Address 875 OAKlawn Ave suite 101			
City/Town	State	Zip Code	
Cranston	RI	02920	
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.			

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:		
7 The Limited Liability Co	mpany is to be managed by:	
You, MUST check one box		
	 have checked this box, skip to Section 8. Do not fill out the chart below.)	
	ager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles the name and address of each manager below.)	
MANAGER	ADDRESS	
8. Date when these Article	s 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)	
	declare and affirm that I have examined these Articles of Organization, including any s, and that all statements contained herein are true and correct.	
Name of Authorized Person	Address	
Cassandr.	2 Beaunier 875 Oaklawn St 101	
City/Town	State Zip Code	
Lanster	<u> </u>	
Signature of Authorized Pers	SIGN DOCUMENT HERE	

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.



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

