1669049

Department of State - Business Services Division	lan			
Department of State - Business Services Divis	. 22			
Articles of Organization  DOMESTIC Limited Liability Company  → Filing Fee(\$150.00		R.I. DEP TOF STAT		
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:				
The name of the limited liability company is:				
Gatlan LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Name				
Street Address (NOT a P.O. Box)				
Street Address (NOT a P.O. Box)				
121 Bacon St				
City/Town	State	Zip Code		
Pawtucket	RHODE ISLAND	02860		
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				
The address of the principal office of the limited liability company if it is determined at the time of organization:				
Street Address 53 High St. Suite 10				
City/Town	State	Zip Code		
WESterly	PI	02891		
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

DEC 0 9 2016

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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

BY Ch 290503

		· ·		
6. Additional provisions, if any, no	ot inconsistent with la	w, which the member(s) ele	ect to have set forth in these Articles	
company is formed, and any other	ot ilmited to, any limita er provision which ma	ation of the purpose(s) or di sy be included in an operati	uration for which the limited liability	
	provided without the	ry be molaced in all operati	ing agreement.	
ī.				
			eck 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 o	hecked this box, skip	to Section 8. Do not fill ou	it 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 na	me and address of ea	ach manager below.)	-	
MANAGER	ADDRESS			
Edward Muiruri	3 DixF161	d st, worce	SIC! MA DIEDE	
	· · · · · · · · · · · · · · · · · · ·	****		
Ì				
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX				
Date received (Upon filing)			· · · · · · · · · · · · · · · · · · ·	
TX Later effective date (Date mu	et ha no mora than 21	O days from the day of files	Jan 2nd 2017	
Under penalty of perjury, I declare accompanying attachments, and t	and affirm that I have hat all statements coi	e examined these Articles of Intained herein are true and	of Organization, including any Leorrect	
Name of Authorized Person		Address		
HOILEN GOT	hirdo	3 Dixticio	2+	
City/Town	)	State	Zip Code	
Morcestai		MA	01606	
Signature of Authorized Person		<u> </u>	Date	
SIGN	DOCUMENT HER	RE	1014	
<u> </u>	H galling	<u> </u>	12/9/16	
	١ .			

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

