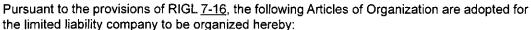


## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00



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the limited liability company to be organized hereby:		<u> </u>
The name of the limited liability company is:	T.J.W.A. Of	E., LLC
T. J. W. A.Of E., LLC		
2. The name and address of the initial resident agent/office in Rhode	Island is:	
Name Victor D. Lambard		
Street Address (NOT a P.O. Box)  16 Henry Street		
City/Town City/Town	State	Zip Code
Cranston	RHODE ISLAND	02905
<ol> <li>Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of</li> </ol>		
partnership <b>or</b>		
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 16 Henry Street		
City/Town Crans ton	State	Zip Code 02905
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL $\underline{7-16}$ , 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 DEC 20 2016 1:54 By \$2 29/307

<ol><li>Additional provisions, if any, no of Organization, including, but no company is formed, and any other</li></ol>	t limited to, any limitation	of the purpose(s) or duration for	r which the limited liability		
		Check this b	oox to indicate attachment.		
7. The Limited Liability Company	is to be managed by:				
You MUST check one box:  Its member(s) (If you have c	hecked this box, skip to	Section 8. <b>Do not</b> fill out the cha	rt below.)		
One (1) or more manager(s) of Organization, state the nar	(If the limited liability con me and address of each	mpany has manager(s) at the tim manager below.)	ne of the filing of these Articles		
MANAGER	ADDRESS				
Victor D. Lambard	ind 16 Henry Street, Cranston, R\$ 02905				
Victor D. Lambard 16 Henry Street, Cranston, P\$ 02905 Sillian A. Wallaski 16 Henry Street, Cranston, P\$ 02905					
	<b>V</b>	-			
8. Date when these Articles of Org	ganization will be effectiv	e: CHECK ONLY ONE BOX	· · ·		
Date received (Upon filing)					
Later effective date (Date mu	st be no more than 30 d	ays from the day of filing)			
Under penalty of perjury, I declare accompanying attachments, and t			zation, including any		
Name of Authorized Person	1 1 .	dress	· · · · ·		
Victor D. Lambor	ird II	o Henry Street			
City/Town		State	Zip Code		
Crawston		T T	02905		
Signature of Authorized Person	- ha _		Date		
STGN DOOMMENT HERE 1 12/20/16					

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

