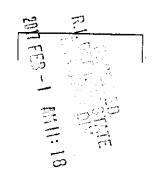


State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**Articles of Organization**DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00



• •				
•.				
2. The name and address of the initial resident agent/office in Rhode Island is:				
State RHODE ISLAND	Zip Code 9 <b>2003</b> クミタクも			
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):				
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 28 East 10th Street, Apt. 5D				
itate NY	Zip Code 10003-6204			
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.				
	State RHODE ISLAND erating agreement made of deral income taxation as its determined at the time			

**FILED** 

FEB **01** 2017

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, it any, no	it inconsistent with lav	w, 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:					
	·     - · · · · · · · · · · · · · · · ·	) <b></b>	runing agreement.		
None	4				
	N N				
	• 1		•		
	7 11				
	r j				
			Check 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 c	hecked this box, skip	to Section 8. Do not fi	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.)					
or organization, state the nat	ne and address of ea	ich manager below.)	•		
MANAGER	ADDRESS				
Robert C. Beck	28 East 10th Street	, Apt. 5D, New York, N	IY 10003-6204		
Pamela W. Beck	28 East 10th Street	, Apt. 5D, New York, N	IY 10003-6204		
	)				
·					
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		Address			
Robert C. Beck	2 - N	28 East 10th Street,	Apt. 5D		
City/Town	11.1	State	Zip Code		
New York	÷ 4	NY	10003-6204		
Signature of Authorized Person	OPCUMENT HE	RE	Date		

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

