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State of Rhode Island and Providence Plantations Department of State - Business Services Division

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

R.I. DEPT. OF STATE BUS SYCS DIV

Articles of Organization Limited Liability Company

Filing Fee: \$150.00

| Pursuant to the provisions of RIGL 7-16, | the following Articles of Organization | n are adopted for the limited liability cor | mpany |
|--|--|---|-------|
| to be organized hereby: | - | • | . , |

| o be organized moreby. | | |
|--|---|---|
| 1. The name of the limited liability compa | any is: | |
| First Light LLC | | |
| 2. The name and address of the limited li | ability company's resident agent in Rhode Isla | and is: |
| Name Andrew Costa | | |
| Street Address (<u>NOT</u> a P.O. Box) 3 Hoover Drive | | |
| City/Town Coventry | State RHODE ISLAND | Zip Code 02816 |
| Under the terms of these Articles of Or the limited liability company is intended to | ganization and any written operating agreemed be treated for purposes of federal income ta | ent made or intended to be made, xation as (check ONE box): |
| a partnership ora corporation or✓ disregarded as an entity sepa | rate from its member | |
| 4. The address of the principal office of the | ne limited liability company if it is determined a | nt the time of organization: |
| Street Address 3 Hoover Drive | | |
| City/Town Coventry | State Rhode Island | Zip Code 02816 |
| | urpose of engaging in any lawful business, an e with RIGL 7-16, unless a more limited purp n. | |
| | | 11.08 |

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BY 301250

Form No. 400 Revised: 2015

| 6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other | ot limited to, any li | imitati | ion of the purpo | se(s) or dura | t to have set forth in these Articles ation for which the limited liability agreement: | |
|--|-----------------------|--------------|------------------|----------------|--|--|
| | 11. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | Chec | k this box to indicate attachment | |
| 7. The Limited Liability Company | is to be managed | d by: | | | | |
| You MUST check one box: Its member(s) (If you have c | checked this box, | skip t | o Section 8. Do | not fill out t | the chart below.) | |
| One (1) or more manager(s) of Organization, state the na | | | | | t the time of the filing of these Articles | |
| MANAGER | BUSINESS ADDRESS | | | | | |
| | | | - | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 8. Date when these Articles of Or | ganization will be | effec | tive: CHECK O | NLY ONE B | OX | |
| ✓ Date received (Upon filing) | | | | | | |
| Later effective date (Date mu | ist be no more tha | an 30 | days from the | day of filing) | | |
| Under penalty of perjury, I declare panying attachments, and that all | | | | | Organization, including any accom- | |
| Name of Authorized Person | | | Address | | | |
| Andrew Costa | | | 3 Hoover Drive | | | |
| City/Town | | State | | Zip Code | | |
| Coventry | | Rhode Island | | 02816 | | |
| Signature of Authorized Person | | | | | Date | |
| andrew (| Me | | | | 04/14/2017 | |

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.

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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:

April 19, 2017 11:08 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

