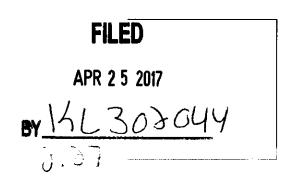
State of Rhode Island and Providence Plantations Department of State - Business Services Division Articles of Organization DOMESTIC Limited Liability Company	on	R.I. DEPT OF STATE BUS SVIS BIV 2011 APR 25 PH 2: 2		
→ Filing Fee: \$150.00 Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga	nization are adopted for	2 1		
the limited liability company to be organized hereby: 1. The name of the limited liability company is: 24 Hillside LLC				
2. The name and address of the initial resident agent/office in Rhode Island is: Name Ariel M. Melgar				
Street Address (NOI a P.O. Box) 55-3 Hartford Ave.				
City/Town Providence Anthelan RI 01909	State RHODE ISLAND	Zip Code 02909		
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 of 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 553 Hartford Ave				
City/Town Providence	State R L	Zip Code Q2909		
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.				

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:				
		Check this h	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 checked this box, skip to Section 8. Do not fill 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.)				
MANAGER	ADDRESS			
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	1			
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 Ariel M. Melaat S53 Hartford Ave., Providence				
Ariel M. Melgar	- 5	53 Nallyour a	RI (19909	
City/Town		State	Zip Code	
Hart Provi	dence	R.I.	02909	
Signature of Authorized Person	٨		Date	
7	AGN AOQUMENT HI	ERE	4/25/17	
	7			

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:

April 25, 2017 02:27 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

