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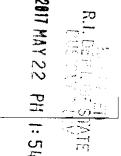
State of Rhode Island and Providence Plantations Department of State - Business Services Division

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

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

Articles of Organization DOMESTIC Limited Liability Company

Filing Fee: \$150.00



Pursuant to the provisions of RIGL $\underline{7-16}$, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability compa	ny is:		
Eastside Oasis - Hospitality Bey	ond Borders, L	LC	
2. The name and address of the initial re-	sident agent/office in Rh	ode Island is:	
Name Seth Racusen			
Street Address (<u>NOT</u> a P.O. Box) 421 Wayland Ave			
City/Town Providence	State RHO	DE ISLAND	Zip Code 02906
3. Under the terms of these Articles of On the limited liability company is intended to			
a partnership ora corporation or✓ disregarded as an entity separate	rate from its member		
4. The address of the principal office of th	e limited liability compa	ny if it is determined at the time	e of organization:
Street Address 419 Wayland Ave			
City/Town Providence	State RI		Zip Code 02906
The limited liability company has the puuntil dissolved or terminated in accordance Section 6 of these Articles of Organization	e with RIGL <u>7-16,</u> unles	ny lawful business, and shall ha is a more limited purpose or du	ave perpetual existence tration is set forth in

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Form No. 400 Revised: 2016

Additional provisions, if any, r of Organization, including, but n company is formed, and any oth	ot limited to, any lin	nitation of	the purpos	e(s) or durat	to have set forth in these Articles ion for which the limited liability agreement:	
				Check	this box to indicate attachment.	
7. The Limited Liability Compan	y is to be managed	by:				
You MUST check one box: Its member(s) (If you have	checked this box, s	skip to Se	ction 8. Do	not fill out th	ne chart below.)	
One (1) or more manager(of Organization, state the n	s) (If the limited liab ame and address o	ility comp of each ma	any has manager belo	anager(s) at t	the time of the filing of these Articles	
MANAGER	ADDRESS					
<u> </u>						
				_		
	<u> </u>		<u> </u>	<u> </u>		
8. Date when these Articles of C	_ Drganization will be	effective:	CHECK O	NLY ONE BO	X	
		Terminal Brain				
✓ Date received (Upon filing)						
Later effective date (Date r	must be no more tha	an 30 day	s from the	day of filing)		
Under penalty of perjury, I declar accompanying attachments, an						
Name of Authorized Person		Address				
Seth Racusen		421	Waylan	d Ave.		
City/Town		State		Zip Code		
Providence		RI		02906		
Signature of Authorized Person					Date	
Sigh R	a went	HERE _			5/22/2017	

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:

May 22, 2017 01:54 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

