RI SOS Filing Number: 201743641040 Date: 5/25/2017 12:36:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	nization are adopted for			
The name of the limited liability company is:				
A Snack Store LLC				
2. The name and address of the initial resident agent/office in Rhode	Island is:			
High Weden	7 7 7			
Street Address (NOT a P.O. Box)				
City/Town Newport	State RHODE ISLAND	2840		
Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of	pperating agreement made federal income taxation as	or intended to be made, (check ONE box):		
partnership or				
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 1 FOVEWELL STREET				
City/Town A CWPO 17	State	Zip Code		
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a				

MAIL TO:

Division of Business Services

148 W River Street, Providence Rhode Island 02904-2615

Section 6 of these Articles of Organization.

Phone: (401) 222-3040 Website: www.sos.ri.gov

12:36

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BY 1 2 3 4 5 7

6. Additional provisions, if any, no	ot inconsistent with law w	high the member(s) elect to have	va set forth in these Articles
of Organization, including, but no company is formed, and any other	ot limited to, any limitation	of the purpose(s) or duration fo	r which the limited liability
NA			
		Check this I	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 o	checked this box, skip to S	Section 8. Do not fill out the cha	rt below.)
One (1) or more manager(s of Organization, state the na		npany has manager(s) at the tin manager below.)	ne of the filing of these Articles
MANAGER	ADDRESS		
			· . · . · . · . · . · . · . · . ·
8. Date when these Articles of Or	ganization will be effective	e: CHECK ONLY ONE BOX	
Date received (Upon filing)			
Later effective date (Date mu	ust be no more than 30 da	ays from the day of filing)	
Under penalty of perjury, I declare accompanying attachments, and			ization, including any
Name of Authorized Person HILLY WEEL	Steen	tress (Carcuells	treet
City/Town NEWOOT		State .	Zip Code (C)ZSU)
Signature of Authorized Person	UMENT HERE		Date 5/25/11

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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 25, 2017 12:36 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

