State of Rhode Island and Providence Plantations Department of State - Business Services Divisi	on			
Articles of Organization DOMESTIC Limited Liability Company		R. 2017		
→ 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			
1. The name of the limited liability company is: PEARCE YOUCHT SerVICE	SLLC	10: 27		
2. The name and address of the initial resident agent/office in Rhode Island is:				
Name Anthony PEARCE Street Address (<u>NOT</u> a P.O. Box)	······································			
Street Address (<u>NOT</u> a P.O. Box) 19 Congdon AVC				
NewPort	State RHODE ISLAND	Zip Code 62840		
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 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 19 Congdon AVC				
City/Town V	State	Zip Code		
New Port_	RI	02840		
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

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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 b	pox to indicate attachment.	
7. The Limited Liability Company	is to be managed by:				
You MUST check one box:	checked this box, skip to	o Section 8. Do not fill	out the cha	rt 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				
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 ANHUNY Peerce		Address 19 CONgdan	AVE		
City/Town		State		Zip Code	
Newport		RI		02840	
Signature of Authorized Person Date					
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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:

June 01, 2017 10:27 AM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

