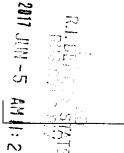
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State of Rhode Island and Providence Plantations Department of State - Business Services Division

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 Limited Liability Company

Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16,</u> the following Articles of Organization are adopted for the limited liability on the organized hereby:	ompany
1. The name of the limited liability company is:	
Belinda J. Harrison, LLC	,, , , , , , , , , , , , , , , , , , ,
2. The name and address of the limited liability company's resident agent in Rhode Island is:	<u> </u>
Name	
Belinda J. Harrison	

City/Town
Saunderstown

State
RHODE ISLAND

Zip Code
02874

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):

a 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

52 Pepper Bush Trail

Street Address (NOT a P.O. Box)

52 Pepper Bush Trail

City/TownStateZip CodeSaunderstownRhode Island02874

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 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

FILED
JUN 05 2017
BY M 305254

Form No. 400 Revised: 2015

6. Additional provisions, if any, r of Organization, including, but n company is formed, and any oth	not limited to, any I	limita	ation of the purpe	ose(s) or dura	t to have set forth in these Articles ation for which the limited liability g agreement:		
			• • • • • • • • • • • • • • • • • • •				
	- <u>-</u>			Chec	k this box to indicate attachment		
7. The Limited Liability Company	y is to be manage	d by					
You MUST check one box: Its member(s) (If you have	checked this box,	skiţ	o to Section 8. D e	o not fill out f	the chart below.)		
One (1) or more manager(s of Organization, state the na	s) (If the limited lia ame and address	bility of e	y company has n ach manager be	nanager(s) at low.)	t the time of the filing of these Articles		
MANAGER	BUSINESS AD	BUSINESS ADDRESS					
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX							
✓ Date received (Upon filing)							
Later effective date (Date m				<u> </u>			
Under penalty of perjury, I declar panying attachments, and that al	e and affirm that I Il statements cont	hav aine	re examined thes d herein are true	se Articles of and correct.	Organization, including any accom-		
Name of Authorized Person			Address				
Belinda J. Harrison			52 Pepper Bush	Trail			
City/Town		Stat	te	Zip Code			
Saunderstown		RI	hode Island	02874			
Signature of Authorized Person Har	nsn				Date June 2, 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:

June 05, 2017 11:25 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

