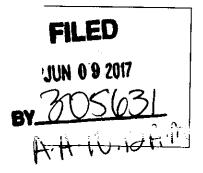
State of Rhode Island and Providence Plantations Department of State - Business Services Divis				
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		R.I. DEPT. BUS SV		
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Org. the limited liability company to be organized hereby:	anization are adopted for	OF ST		
1. The name of the limited liability company is:				
SAUL CONSTRUCTION, LLC		N		
2. The name and address of the initial resident agent/office in Rhode Island is:				
Name SHAUL ALOSH				
Street Address ( <u>NOT</u> a P.O. Box) 305 CARPENTER ROAD				
City/Town HOPE	State RHODE ISLAND	Zip Code 02831		
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 305 CARPENTER ROAD				
City/Town HOPE	State RI	Zip Code 02831		
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:				
7. The Limited Liability Cor	mpany is to be managed by		Check this box to indicate attachment.	
You MUST check one box:				
Its member(s) (If you have checked this box, skip to Section 8. <b>Do not</b> 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			
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 Address				
SHAUL ALOSH		305 CARPENTER ROAD		
City/Town	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
НОРЕ		RI	02831	
Signature of Authorized Perso	n		Date	
SIGN DOCUMENT HERE 06/05/2017			06/05/2017	

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.



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 09, 2017 10:12 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

