

K.I. DEPT. OF STATE BUS SVCS DIV 2017 JUL 20 AM JI: 2

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 Organization are adopted for the limited liability company to be organized hereby:

The name of the limited liability company is:				
Benthouse, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Name Jeffrey F. Caffrey, Esq.				
Street Address (NOT a P.O. Box) 300 Centerville Road				
City/Town Warwick	State RHODE ISLAND	Zip Code 02886		
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 67 Woodman Street				
City/Town Providence	State RI	Zip Code 02907		
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 Section 6 of these Articles of Organization.				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Inland 02804-2615

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

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	ot limited to, any limitat	ion of the purpose(s	r(s) elect to have set forth in these Articles c) or duration for which the limited liability operating agreement:
None			
7. The Limited Liability Company	/ is to be managed by:	<u></u>	Check this box to indicate attachment.
You MUST check one box:	,		
✓ Its member(s) (If you have	checked this box, skip t	to Section 8. Do no t	t fill out the chart below.)
One (1) or more manager(s of Organization, state the na			ger(s) at the time of the filing of these Article
MANAGER	ADDRESS		
·			
8. Date when these Articles of O	rganization will be effec	ctive: CHECK ONLY	ONE BOX
✓ Date received (Upon filing)			
Later effective date (Date m	ust be no more than 30	days from the day	of filing)
			ticles of Organization, including any
accompanying attachments, and Name of Authorized Person		ntained nerein are tri Address	ue and correct.
Erick Bento	67 Woodman Street		
011 77			
City/Town		State	Zip Code
Providence		RI	02907
Signature of Authorized Person	1	•	Date
SIGN DOCUMENT HER		HERE	7/19/2017