



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

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 2017 AUG 31 PM 12:23

Articles of Organization
DOMESTIC Limited Liability Company
 Filing Fee: \$150.00

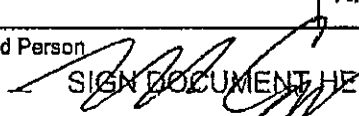
Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability company is:		
Harborside Family Dental, LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Name Michael Capalbo		
Street Address (NOT a P.O. Box) 108 Shore Road		
City/Town Westerly	State RHODE ISLAND	Zip Code 02891
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):		
<input checked="" type="checkbox"/> a partnership or <input type="checkbox"/> a corporation or <input type="checkbox"/> 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 600 Wanpanoag Trail		
City/Town Riverside	State Rhode Island	Zip Code 02915
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.		

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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 box to indicate attachment. <input type="checkbox"/>			
7. The Limited Liability Company is to be managed by:			
You MUST check one box: <input checked="" type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.) <input type="checkbox"/> 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.)			
MANAGERS	ADDRESS		
8. Date when these Articles of Organization will be effective. CHECK ONLY ONE BOX.			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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	
Michael Capalbo		108 Shore Road	
City/Town	State	Zip Code	
Westerly	Rhode Island	02891	
Signature of Authorized Person			Date
 SIGN DOCUMENT HERE			8/30/17

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:

August 31, 2017 12:23 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

