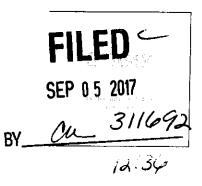
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| State of Rhode Island and Providence Plantations<br>Department of State - Business Services Divis  |  |  |  |  |  |
|--|--|--|--|--|--|
| Articles of Organization<br>DOMESTIC Limited Liability Company   |  | an a         |  |  |  |
| → Filing Fee: \$150.00   |  | AN R   |  |  |  |
| Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:   | anization are adopted for                                  | H. DEPT.<br>BUS SV                               |  |  |  |
| 1. The name of the limited liability company is:<br>Plum Property, LLC   |  | PH 12:   |  |  |  |
| 2. The name and address of the initial resident agent/office in Rhode  | e Island is:   | <del></del>                                      |  |  |  |
| Name<br>Michael Capalbo  |  |  |  |  |  |
| Street Address ( <u>NOT</u> a P.O. Box) 108 Shore Road   |  |  |  |  |  |
| City/Town Westerly   | State<br>RHODE ISLAND                                      | Zip Code<br>02891                                |  |  |  |
| 3. Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of  | operating agreement made federal income taxation as        | or intended to be made,<br>(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 it   | f it is determined at the time                             | of organization:                                 |  |  |  |
| Street Address 29 Updike Avenue  |  |  |  |  |  |
| City/Town<br>North Kingstown   | State<br>Rhode Island                                      | Zip Code<br>02852                                |  |  |  |
| 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. | wful business, and shall ha<br>more limited purpose or dur | ve perpetual existence<br>ration is set forth in |  |  |  |

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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|   |                          |  |                  | <u></u>                           |  |
|---|--------------------------|--|------------------|-----------------------------------|--|
| 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 ot   | her provision which ma   | y be included in an op                 | erating agreer   | nent:                             |  |
|   |                          |  |                  |                                   |  |
|   |                          |  |                  |                                   |  |
|   |                          |  |                  |                                   |  |
|   |                          |  |                  |                                   |  |
|   |                          |  |                  |                                   |  |
|   |                          |  | Check this b     | ox to indicate attachment.        |  |
| 7. The Limited Liability Compan   | y is to be managed by:   |  |                  |                                   |  |
| You MUST check one box:   | checked this box, skip   | to Section 8. Do not f                 | ill out the char | t below.)                         |  |
| One (1) or more manager(<br>of Organization, state the n  |                          |  | er(s) at the tim | e of the filing of these Articles |  |
| MANAGER   | ADDRESS                  |  |                  |                                   |  |
|   |                          | ·······                                |                  |                                   |  |
|   |                          | ······································ |                  |                                   |  |
|   |                          |  |                  |                                   |  |
| ·····   |                          |  |                  |                                   |  |
|   |                          |  |                  |                                   |  |
| <u></u>   |                          |  |                  |                                   |  |
|   |                          |  |                  |                                   |  |
| 8. Date when these Articles of O  | rganization will be effe | 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)          |                                   |  |
| Under penalty of perjury, I declar  |                          |  |                  | zation, including any             |  |
| accompanying attachments, and that all statements contained herein are true and correct.   Name of Authorized Person Address  |                          |  |                  |                                   |  |
|   |                          |  |                  |                                   |  |
| Michael Capalbo   |                          | tvo Shore Koau                         |                  |                                   |  |
| City/Town   |                          | State                                  |                  | Zip Code                          |  |
| Westerly  |                          | Rhode Island                           |                  | 02891                             |  |
| Signature of Authorized Person  |                          |  | Date 9/./.7      |                                   |  |
|   |                          |  |                  |                                   |  |

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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:

September 05, 2017 12:36 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

