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

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# 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:
Silva Rosa Property Management, LLC

2. The name and address of the initial resident agent/office in Rhode Island is:

Name: Silvestre de Pina Rosa

Street Address (NOT a P.O. Box): 495 Pine Street

| City/Town | State | Zip Code |
|---|---|---|
| Central Falls | RHODE ISLAND | 02863 |

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: 495 Pine Street

| City/Town | State | Zip Code |
|---|---|---|
| Central Falls | RI | 02863 |

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**
SEP 21 2017 11:29
BY 3/3021

**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:

Check this box to indicate attachment. ☐

7. The Limited Liability Company is to be managed by:

You MUST check one box:

☒ Its member(s) (If you have checked this box, skip to Section 8. **Do not** 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 |
|---|---|
| Silvestre Rosa | 495 Pine Street Central Falls RI 02863 |

| City/Town | State | Zip Code |
|---|---|---|
| Central Falls | RI | 02863 |

| Signature of Authorized Person | Date |
|---|---|
| Silvestre Rosa SIGN DOCUMENT HERE | 09/21/17 |

**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:

September 21, 2017 11:29 AM

Nellie M. Gorbea
*Secretary of State*