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

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2017 SEP 21 AM 11: 13

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: $150.00

Pursuant to the provisions of RIGL , 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:

MARC T MELCHIORI, LLC

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

Name: MARC MELCHIORI

Street Address (NOT a P.O. Box): 254 CEDAR RD

City/Town	State	Zip Code
CHARLESTOWN	RHODE ISLAND	02893

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: 254 CEDAR RD

City/Town	State	Zip Code
CHARLESTOWN	RI	02893

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 , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

FILED
SEP 21 2017
BY 313031
A.A. 11:13 A.M.

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	
MARC MELCHIORI	254 CEDAR RD	
City/Town	**State**	**Zip Code**
CHARLESTOWN	RI	02893
Signature of Authorized Person		**Date**
M. Melchiori		9-21-17

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 11:13 AM

Nellie M. Gorbea
Secretary of State