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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 BehaveCare RI IPA LLC		
2. The name and address of the initial resident agent/office in Rhode Island is		
Name Mark Treat		
Street Address (NOT a P.O. Box) 18 Maple Avenue, Ste. 103		
City/Town Barrington	State RHODE ISLAND	Zip Code 02806
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 type="checkbox"/> partnership or <input type="checkbox"/> a corporation or <input checked="" 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 not yet determined		
City/Town	State	Zip Code
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or term nated in accordance with RIGL <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization		

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BY 314705

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.)

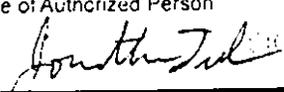
MANAGER	ADDRESS

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: Jonathan Turk		Address: 1299 Pennsylvania Ave, NW, Suite 700	
City/Town: Washington	State: DC	Zip Code: 20004	
Signature of Authorized Person: 			Date: 10/12/2017

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.

FORM 499 Revised 09/2016