RI SOS Filing Number: 201752056310 Date: 10/23/2017 11:38:00 AM

State of Rhode Island and Providence Plantations Department of State - Business Services Divisions	on		
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		R.I. DEPT. OF ZBUS SVC	
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for	ED STATE	
The name of the limited liability company is: C.J. Property Management, L.L.C.		<u>မ</u> ့ အ	
2. The name and address of the initial resident agent/office in Rhode Island is:			
Name Tara R. Cancel, Esquire			
Street Address (NOT a P.O. Box) 975 Smith Street			
City/Town Providence	State RHODE ISLAND	Zip Code 02903	
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 i	f it is determined at the time	of organization:	
Street Address 57 Walden Way			
City/Town Cranston	State Rhode Island	Zip Code 02921	
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OCT 23 2017

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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	s box to indicate attachment.	
7. The Limited Liability Company is to be managed by:		. <u></u>	
You MUST check one box: Its member(s) (If you have checked this box, skip to	Section 8. Do not fill out the ch	nart below.)	
One (1) or more manager(s) (If the limited liability of of Organization, state the name and address of each		time of the filing of these Articles	
MANAGER , ADDRESS			
			
<u> </u>			
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 accompanying attachments, and that all statements cont			
ame of Authorized Person · Address			
John Welch	170 Shannon Drive		
City/Town	State	Zip Code	
Warwick	Rhode Island	02886	
Signature of Authorized Person		Date	
SIGN DOCUMENT H	HERE	10-18-17	

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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:

October 23, 2017 11:38 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

