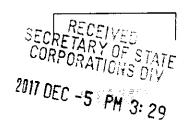
RI SOS Filing Number: 201754569610 Date: 12/5/2017 3:29:00 PM





## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16</u> , 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:					
Richard Fishman Studio, LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name Ronald C. Markoff, Esquire					
Street Address (NOT a P.O. Box)  144 Medway Street					
City/Town Providence	State RHODE ISLAND	Zip Code 02906			
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 <b>or</b>					
a corporation <b>or</b>					
disregarded as an entity separate from its member(s)					
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:					
Street Address 570 Angeli Street					
City/Town Providence	State <b>RI</b>	Zip Code <b>02906</b>			
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 DEC 0 5 2017

BY (e. 319/70)

6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other	ot limited to, any limita	tion of the purpose(s	s) elect to have set forth in these Articles s) or duration for which the limited liability operating agreement:	
7. The Limited Liability Company	is to be managed by:	· · · · · · · · · · · · · · · · · · ·	Check this box to indicate attachment	
You MUST check one box:	io to bo managed by	· · · · · · · · · · · · · · · · · · ·		
Its member(s) (If you have o	checked this box, skip	to Section 8. Do no	t fill out the chart below.)	
One (1) or more manager(s of Organization, state the na			ager(s) at the time of the filing of these Articles	
MANAGER	ADDRESS			
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY				
✓ Date received (Upon filing)				
Later effective date (Date m	ust be no more than 3	0 days from the date	e of filing)	
Under penalty of perjury, I declar accompanying attachments, and	e and affirm that I hav that all statements co	e examined these A Intained herein are ti	rticles of Organization, including any rue and correct.	
Name of Authorized Person Address				
Ronald C. Markoff, Esquire		144 Medway Street		
City/Town		State	Zip Code	
Providence	1 11	RI	02906	
Signature of Authorized Person		<b>_</b>	Date	
GN DOCUMENT HERE 12/1/2017		12/1/2017		
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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:

December 05, 2017 03:29 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

