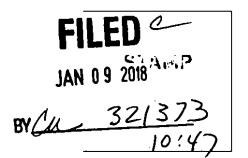
State of Rhode Island and Providence Plantations Department of State - Business Services Divisi	SECRETZ CORPOR			
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		RATICKS DIV S AN IO: 4		
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:				
1. The name of the limited liability company is: GENERATIONS DEVELOPMENT LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Name JOHN MCKCOW JR.				
Street Address (<u>NOT</u> a P.O. Box) 68 PRESTON ST.				
City/Town TOULDENCE	State RHODE ISLAND	Zip Code 02900		
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:				
· · · · · · · · · · · · · · · · · · ·	if it is determined at the time	or organization.		
Street Address 68 PRESTON STI	if it is determined at the time			
Street Address	If it is determined at the time State	Zip Code 02906		

MAIL TO: Division of Business Services 148 W. River Street, Providence. Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



	t limited to, any limitation	on of the purpose(s) or	elect to have set forth in these Articles duration for which the limited liability ating agreement:	
	···		Check this box to indicate attachment.	
7. The Limited Liability Company	is to be managed by:			
You MUST check one box: You have c	hecked this box, skip to	o Section 8. Do not fill	out the chart below.)	
) (If the limited liability c	ompany has manager	(s) at the time of the filing of these Articles	
MANAGER	ADDRESS			
8. Date when these Articles of Or	ganization will be effect	tive: CHECK ONLY OI	NE 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			and correct.	
Jehn M. Mellion S. 43 skallop RAP		i m		
Sity/Town	.	State	Zip Code	
Plymouth		MA	02360	
Signature of Authorized Person	LUN E	۲ ٤ ۲	Date 1/9/18	

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:

January 09, 2018 10:47 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

