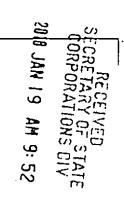
RI SOS Filing Number: 201856370790 Date: 1/19/2018 9:52:00 AM



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

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



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:				
The name of the limited liability company is:				
CGC Goods LLC				
2. The name and address of the initial res	ident agent/office in Rhode Island is:			
Name Costanzo Caparrelli Jr				
Street Address (NOT a P.O. Box) 1291 Plainfield st apt 3				
City/Town Johnston	State RHODE ISLAND	Zip Code 02919		
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):				
□ a 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 28 Abbott Ave				
City/Town Warwick	State RI	Zip Code 02886		
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 <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.				

FILED

9:52.

Biol 322115

Form No. 400 Revised: 2016

					
	limited to, any lim	itation of the purpo	nber(s) elect to have set forth in these Articles se(s) or duration for which the limited liability an operating agreement:		
			,		
·					
			Check this box to indicate attachment.		
7. The Limited Liability Company i	s to be managed t	by:			
You MUST check one box:					
Its member(s) (If you have cf	necked this box, sl	kip to Section 8. Do	not fill out the chart below.)		
One (1) or more manager(s)	/If the limited liabil	lity company has m	nanager(s) at the time of the filing of these Articles		
of Organization, state the name					
MANAGER	ADDRESS	·····			
	7,001,120				
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX					
✓ Date received (Upon filing)					
Date received (Opon ming)					
Later effective date (Date mu	st be no more that	n 30 days from the	day of filing)		
Under penalty of perjury, I declare	and affirm that I h	nave examined thes	se Articles of Organization, including any		
accompanying attachments, and t			<u> </u>		
Name of Authorized Person		Address	Address		
Costanzo Caparrelli Jr 1291 Plainfield st Apt 3		eld st Apt 3			
City/Town	18	State	Zip Code		
Johnston	1	RI	02919		
Signature of Authorized Person			Date		
SIGN DOCUMENT HERE 1/19/18					

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.

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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:

January 19, 2018 09:52 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

