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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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 Orga the limited liability company to be organized hereby:	anization are adopted for	1		
The name of the limited liability company is:				
MMC Associates, LLC				
2. The name and address of the initial resident agent/office in Rhode	s Island is:			
Agent Name				
Mongie Carance Street Address (NOT a P.O. Box)				
26 EAST AUE.				
City/Town	State	Zip Code		
N. Providence	RHODE ISLAND	03911		
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(s)				
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:				
Street Address				
26 East Aux				
City/Town	State	Zip Code		
N. Italiatrice	L KI	02911		
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.	wful business, and shall har more limited purpose or dur	ve perpetual existence ration is set forth in		

3:04 pm

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JAN 19 2018

BY 322215

KW

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 consistent with law	which the member(s) elect to	have set forth in these Articles
of Organization, including, but a company is formed, and any ot	not limited to, any limitati	ion of the purpose(s) or durat	linn for which the limited liability
7. The Limited Linkilla. Communication		Check	this box to indicate attachment
7. The Limited Liability Compan You MUST check one box:	y is to be managed by:		
	checked this box, skip to	o Section 8. Do not fill out th	e chart below.)
	s) (If the limited liability of	company has manager(s) at t	he time of the filing of these Articles
MANAGER	ADDRESS		
0.0-1-			
8. Date when these Articles of O	rganization will be effect	tive: CHECK ONE BOX ONL	Υ
Date received (Upon filing)			
Later effective date (Date m	ust be no more than 30	days from the date of filing)	
Under penalty of perjury, I declar	re and affirm that I have	examined these Articles of O	rganization, including any
accompanying attachments, and Name of Authorized Person		Address	mect.
M. c. n			
		16 EAST PUE	Zip Code
0			Zip Code
N. Your Nence Signature of Authorized Person		RI	02911
	OTA BOOK STATE	* 1 E	Date
Magne	arone	rkt,	1-19-18
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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 03:04 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

