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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 Limited Liability Company

Filing Fee: \$150.00

1. The name of the limited liabilit	y company is:				
WINTER LIMITED: 25.	.≓ LLC				
2. The name and address of the	limited liability comp	pany's resident agent in Rhode Isla	ind is:	-	
Name MICHAEL P. WINTER					
Street Address (NOT a P.O. Box 2457 POST ROAD)			-	
City/Town WARWICK	State	RHODE ISLAND	Zip Code 02886		
3. Under the terms of these Artic the limited liability company is in	les of Organization tended to be treated	and any written operating agreeme I for purposes of federal income ta	ant made or intended xation as (check ON	to Bam IE bex):	nade, C
a partnership or a corporation or				JAN 29	PORAT
disregarded as an entity separate from its member				₽	CXS,
4. The address of the principal of	ffice of the limited lia	ability company if it is determined a	at the time of organiz	ation	1 1-
Street Address 2457 POST ROAD				0	1
City/Town WARWICK	State RI		Zip Code 02886		
5. The limited liability company huntil dissolved or terminated in a Section 6 of these Articles of Ore	iccordance with RIG	ngaging in any lawful business, an L 7-16, unless a more limited purp	d shall have perpett ose or duration is se	ual existe et forth in	ance '

FILED

STAMP

JAN 29 2018

CRETARY OF STATE

Form No. 400 Revised: 2015

M901:5.A.A

6. Additional provisions, if any of Organization, including, bu company is formed, and any	t not limited to, any limitati	ion of the pu	rpose(s) or dura	ation for which the	
INVESTMENTS INCLUDIN	G BUT NOT LIMITED TO	REAL ESTA	ŤΕ		
			Chec	k this box to indic	ate attachment
7. The Limited Liability Comp	5 4 11	•	Tr.		
You MUST check one box: Its member(s) (If you ha	ve checked this box, skip	to Section 8.	Do not fill out t	the chart below.)	
One (1) or more manage of Organization, state the	er(s) (If the limited liability e name and address of ea			t the time of the fi	ling of these Articles
MANAGÉR	BUSINESS ADDRE	ss ,		 	r.
MICHAEL P. WINTER	2457 POST ROAD W	ARWICK RI	02886		
				<u> </u>	
					
8. Date when these Articles of	f Organization will be effe	ctive: CHEC	K ONLY ONE E	BOX	
☑ Date received (Upon filin	ng)				
Later effective date (Dat	e must be no more than 3	0 days from	the day of filing)	
Under penally of perjury, I de panying attachments, and the	clare and affirm that I have	e examinéd : I herein are l	hese Articles of	f Organization, inc	cluding any accom-
Name of Authorized Person	st dir statementa domesire	Address		·	<u> </u>
MICHAEL P. WINTER	2457 POST ROAD				
City/Town	Stat	e A	Zip Code		
WARWICK	RI RI		02886		
Signature of Authorized Person		1//		Date	1
\sim ////////	III Y VA Y I MY	/		1//6/	7018
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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 29, 2018 02:10 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

