

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:

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1. The name of the limited liability company is:						
Smithfield Avenue Properties, LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name Bradley J. Diegel						
Street Address (NOT a PO. Box) 300 Front Street						
City/Town Lincoln	State RHODE ISLAND	Zip Code 02865				
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 X 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 300 Front Street						
City/Town Lincoln	State Rhode Island	Zip Code 02865				
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.						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other	t limited to, any limitati	ion of	f the purpose(s) or duration for	which the limited liability		
The duration for which this limited liability company is formed shall end at midnight on December 30, 2018 unless extended by an amendment to these Articles of Organization.						
			Check this b	ox to indicate attachment		
7. The Limited Liability Company	is to be managed by:					
You MUST check one box: X Its member(s) (If you have compared)	hecked this box, skip t	to Se	ction 8. Do not fill out the char	t below.)		
One (1) or more manager(s) of Organization, state the na			pany has manager(s) at the tim anager below.)	e of the filing of these Articles		
MANAGER	ADDRESS	•				
8. Date when these Articles of Or	I ganization will be effec	ctive:	CHECK ONE BOX ONLY			
$\overline{\mathrm{X}}$ Date received (Upon filing)						
Later effective date (Date must be no more than 30 days from the date of filing)						
Under penally of perjury, I declare accompanying altachments, and				zation, including any		
Name of Authorized Person Ad		Address				
Bradley J. Diegei		3	300 Front Street			
City/Town			State	Zip Code		
Lincoln			Rhode Island	02865		
Signature of Authorized Person				Date		
Boully J. DRESCHOT HE		RE	January 25, 2018			