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

## **Articles of Organization**

DOMESTIC Limited Liability Company

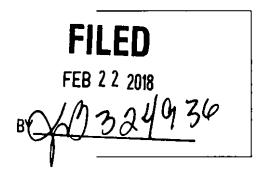
→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for
the limited liability company to be organized hereby:

1. The name of the limited liability company is:					
ADVANCING DATASETS LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name KATHLEEN SEITZ					
Street Address (NOT a P.O. Box) 103 MACARTHUR BLVD					
City/Town WAKEFIELD	State RHODE ISLAND	Zip Code 0 2-879			
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 103 MACARTHUR BLVD					
City/Town WAKEFIELD	$\mathcal{R}_{\mathcal{I}}$	Zip Code 02-879			
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.

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



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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 not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:						
			Check this b	iox to indicate attachment		
7. The Limited Liability Company	is to be managed by:					
You <b>MUST</b> check one box: Its member(s) (If you have checked this box, skip to Section 8. <b>Do not</b> fill out the chart below.)						
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)						
MANAGER	ADDRESS					
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY						
Date received (Upon filing)						
Later effective date (Date must be no more than 30 days from the date 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						
KATHLEEN SEITZ 103 MACAR			3 MACARTHUR BL	LVD		
City/Town			State	Zip Code		
WAKEFIELD			RI	02879		
Signature of Authorized Person				Date		
Kar D'DOCUMENT HERE			February 22, 2018			



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:

February 22, 2018 02:27 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

