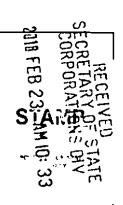


State of Rhode Island and Providence Plantations Department of State - Business Services Division

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

Pursuant to the provisions of RIGE 7-16, the following	Articles of Organization are adopted for the limited liability con	ipany
to be organized hereby:	•	
The name of the limited liability company is:		

The name of the limited liability compa	ny is:					
King's Applica	ies LLC					
2. The name and address of the limited li	ability company's resident agent in Rhoo	de Island is:				
Name Robert Mc						
Street Address (NOI a P.O: Box)	12d					
Smithfield	State RHODE ISLAND	-	Zip Code 02らいつ			
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 th	e limited liability company if it is determi	ined at the time	e of organization:			
Street Address 51 Ceder	Sucmp Rd U	nit #	4			
City/Town Smithfield	State		Zip Code			
5. The limited liability company has the pu until dissolved or terminated in accordance Section 6 of these Articles of Organization	e with RIGL 7-16, unless a more limited	ss, and shall ha I purpose or du	ave perpetual existence uration is set forth in			

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Form No. 400 Revised: 2015

6. Additional provisions, if any, r of Organization, including, but n company is formed, and any other	ot limited to, any limita	ation of the purpo	ose(s) or durati	to have set forth in these Articles ion for which the limited liability agreement:
			Check	this box to indicate attachment
7. The Limited Liability Company	y is to be managed by	<u>": </u>		
You MUST check one box: Its member(s) (If you have	checked this box, skir	to Section 8. Do	o not fill out th	e chart below.)
One (1) or more manager(s of Organization, state the na	s) (If the limited liability ame and address of e	y company has m ach manager bel	nanager(s) at t low.)	the time of the filing of these Articles
MANAGER	BUSINESS ADDRE	ESS		
	•		-	
				
2 Date when these Articles of O	Vennization will be off		NI V ONE BC	<u>.</u>
8. Date when these Articles of O	<u>-</u>	ective: Uncur u	ONLY ONE BU	· · · · · · · · · · · · · · · · · · ·
Date received (Upon filing)				
Later effective date (Date m	nust be no more than:	30 days from the	day of filing) _	
Under penalty of penjury, I declar panying attachments, and that a	re and affirm that I hav ill statements contains	ve examined thes ed herein are true	se Articles of C and correct.	Organization, including any accom-
Name of Authorized Person	, `	Address		
Kurey 1		<u> </u>	Zaymon,	d St
City/Town Holder	Sta	(N) p	Zip Code	31520
Signature of Authorized Person				2/23/18

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.