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Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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SECRETARY OF STATE
CORPORATIONS DIV

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:

| are infined hability company to be organized hereby. | | | | | |
|--|--------------------|--------------------------|--|--|--|
| The name of the limited liability company is: | | | | | |
| JARDER INVESTMENTS, LLC | | | | | |
| 2. The name and address of the initial resident agent/office in Rhode Island is: | | | | | |
| Agent Name KarenAnn McLoughlin | | | | | |
| Street Address (NOT a P.O. Box) 144 Medway Street | | | | | |
| City/Town Providence | State RHODE ISLAND | Zip Code 02906 | | | |
| 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 c/o 144 Medway Street | | | | | |
| City/Town Providence | State RI | Zip Code 02906 | | | |
| 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. | | | | | |

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FEB 27 2018

BY 325405

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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

| • | t limited to, any limitat | tion of the purpose | (s) elect to have set forth in these Article (s) or duration for which the limited liability operating agreement: | |
|--|------------------------------|---------------------|---|-------------|
| see attached | | | | |
| | | | | |
| | | | | |
| | • | | | |
| | | | | |
| 7 Th. 11 9 4111 199 October | *- A- B | | Check this box to indicate attachme | ∍nt 🖆 |
| 7. The Limited Liability Company | is to be managed by: | | · · · · · · · · · · · · · · · · · · · | |
| You MUST check one box: Its member(s) (If you have o | checked this box, skip | to Section 8. Do n | ot fill out the chart below.) | |
| One (1) or more manager(s | (If the limited liability | company has man | ager(s) at the time of the filing of these | Articles |
| of Organization, state the na | | | | |
| MANAGER | ADDRESS | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | · | |
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| | | | | |
| 8. Date when these Articles of Or | I ganization will be effe | ctive: CHECK ONE | BOX ONLY | |
| | <u> </u> | | | |
| Date received (Upon filing) | | | | |
| Later effective date (Date mo | ust be no more than 3 | 0 days from the da | te of filing) | |
| | | | Articles of Organization, including any | |
| accompanying attachments, and that all statements contained Name of Authorized Person Addr | | Address | true and correct. | |
| | | | :/o 144 Medway Street | |
| Jason Jaivis | | | · · · · · · · · · · · · · · · · · · · | |
| City/Town | | State | Zip Code | |
| Providence | | RI | 02906 | |
| Signature of Authorized Person | | <u>.</u> | Date | |
| sign document here | | 2/27/18 | | |
| Must Dawis | •′ | | | |

"EXHIBIT A"

ALL MEMBERS, MANAGERS, OFFICERS, EMPLOYEES AND AGENTS OF THE LIMITED LIABILITY COMPANY SHALL BE INDEMNIFIED TO THE FULLEST EXTENT PERMITTED UNDER APPLICABLE LAW AND AS PROVIDED IN THE OPERATING AGREEMENT OF THE LIMITED LIABILITY COMPANY.

NO MEMBER OR MANAGER OF THE LIMITED LIABILITY COMPANY SHALL HAVE ANY LIABILITY TO THE LIMITED LIABILITY COMPANY OR ITS MEMBERS FOR MONETARY DAMAGES FOR BREACH OF ANY DUTY PROVIDED IN SECTION 7-16-7 OF THE GENERAL LAWS OF RHODE ISLAND, 1956, AS AMENDED, EXCEPT AS EXPRESSLY PROVIDED IN SECTION 7-16-18(B) OF SAID GENERAL LAWS OR IN ANY OPERATING AGREEMENT OF THE LIMITED LIABILITY COMPANY.

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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:

February 27, 2018 03:40 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

