



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: Providence Three T, LLC											
2. The name and address of the initial resident agent/office in Rhode Island is: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> Agent Name Konstantinos Dokos </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> Street Address (<u>NOT</u> a P.O. Box) 58 Amaral Street </td> </tr> <tr> <td style="width: 50%; padding: 5px;"> City/Town Riverside </td> <td style="width: 20%; padding: 5px;"> State RHODE ISLAND </td> <td style="width: 30%; padding: 5px;"> Zip Code 02915 </td> </tr> </table>			Agent Name Konstantinos Dokos			Street Address (<u>NOT</u> a P.O. Box) 58 Amaral Street			City/Town Riverside	State RHODE ISLAND	Zip Code 02915
Agent Name Konstantinos Dokos											
Street Address (<u>NOT</u> a P.O. Box) 58 Amaral Street											
City/Town Riverside	State RHODE ISLAND	Zip Code 02915									
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): <table style="width: 100%;"> <tr> <td>☐ partnership or</td> </tr> <tr> <td>☐ a corporation or</td> </tr> <tr> <td>☒ disregarded as an entity separate from its member(s)</td> </tr> </table>			☐ partnership or	☐ a corporation or	☒ disregarded as an entity separate from its member(s)						
☐ 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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> Street Address P.O. Box 569 </td> </tr> <tr> <td style="width: 50%; padding: 5px;"> City/Town Barrington </td> <td style="width: 20%; padding: 5px;"> State RI </td> <td style="width: 30%; padding: 5px;"> Zip Code 02806 </td> </tr> </table>			Street Address P.O. Box 569			City/Town Barrington	State RI	Zip Code 02806			
Street Address P.O. Box 569											
City/Town Barrington	State RI	Zip Code 02806									
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 7-16, 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

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BY 325755

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:

NONE

Check this box to indicate attachment ☐

7. The Limited Liability Company is to be managed by:

You **MUST** check one box:

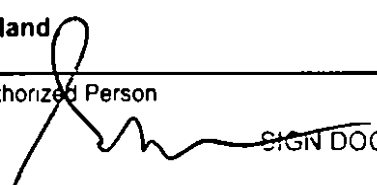
- ☐ Its member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.)
- ☒ One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)

MANAGER	ADDRESS
Konstantinos Dokos	58 Amaral Street, Riverside, RI 02915

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 Scott J. Partington, Esq.		Address 2176 Mendon Road, Suite 2000	
City/Town Cumberland		State RI	Zip Code 02864
Signature of Authorized Person  SIGN DOCUMENT HERE			Date March 2, 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:

March 02, 2018 01:22 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

