RI SOS Filing Number: 201859622850 Date: 3/2/2018 1:22:00 PM



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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ne limited liability company to be organized hereby.				
1. The name of the limited liability company is:				
Woonsocket One K, LLC				
The name and address of the initial resident agent/office in Rhode Island is:				
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):				
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 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 <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.				

1:22-pm

FILED:

YM MAR. 0,222018

BY 325755

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

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

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				
		01 1	W	
7. The Limited Liability Company is	to be managed by:	Check	this box to indicate attachment	
You MUST check one box:				
Its member(s) (If you have che	ecked this box, skip to	Section 8. Do not fill out the	e chart below.)	
			he time of the filing of these Articles	
of Organization, state the name and address of each manager below.)				
MANAGER /	ADDRESS			
		.	<u> </u>	
		<u></u>		
				
8. Date when these Articles of Orga	anization will be effec	tive: CHECK ONE BOX ONL	<u>.Y</u>	
✓ 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				
Scott J. Partington, Esq.	Scott J. Partington, Esq. 2176 Mendon Road, Suite 2000		2000	
City/Town		State	Zip Code	
Cumberland /		RI	02864	
Signature of Authorized Person	<u> </u>		Date	
/ Y/ V	SIGN DOCUMENT	HERE	March 2, 2018	

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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:

March 02, 2018 01:22 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

