

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:

the limited liability company to be organized hereby.		· · · · · · · · · · · · · · · · · · ·				
The name of the limited liability company is:	1. The name of the limited liability company is:					
Stepping Stone Partners 80/20 LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name Mark Van Noppen						
Street Address (NOT a P.O. Box) 334 Broadway						
City/Town Providence	State RHODE ISLAND	Zip Code 02909				
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 334 Broadway						
City/Town Providence	State Rhode Island	Zip Code 02909				
5. The limited liability company has the purpose of engaging in any launtil 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	k 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 c	hecked this box, skip	to Se	ction 8. Do not fill out th	ne 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 accompanying attachments, and				• • • • • •	
Name of Authorized Person Address					
Mark Van Noppen 334		4 Broadway			
City/Town			State	Zip Code	
Providence		Rhode Island	02909		
Signature of Authorized Person SIGN DOCUMENT HERE		Date 3 5 18			