RI SOS Filing Number: 201860052310 Date: 3/12/2018 8:51:00 AM

State of Rhode Island and Providence Plantations Department of State - Business Services Divisi	on					
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		2018 MAR 12	CORPORATI	RECEIV		
Pursuant to the provisions of RIGL $7-16$, the following Articles of Orgathe limited liability company to be organized hereby:	inization are adopted for	AH 7:	CX U C)ED /ED		
The name of the limited liability company is:		<u>ب</u>) 2016	00 0 0 0		
RAVEN PROPERTIES, LLC			MAR	RETAI		
2. The name and address of the initial resident agent/office in Rhode Island is:			2	11-7		
Agent Name Stephen J. DiGianfilippo, Esq.			AM 8	DE ST		
Street Address (<u>NOT</u> a P.O. Box) 50 Park Row West, Suite 111			2	<u> </u>		
City/Town Providence	State RHODE ISLAND	Zip Code	02903			
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	e of organiz	ation:			
Street Address 215 Douglas Drive						
City/Town Saunderstown	State RI	Zip Code	02874			
5. The limited liability company has the purpose of engaging in any liuntil dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.	awful business, and shall ha more limited purpose or du	ive perpetu ration is se	al exis	tence in		

MAIL TO:

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

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

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	t limited to, any limitat	tion of the purpose(s	e) elect to have set forth in these Articles) or duration for which the limited liability perating agreement:		
<u></u>					
			Check this box to indicate attachment		
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 c	hecked this box, skip	to Section 8. Do not	t fill out the chart below.)		
One (1) or more manager(s) of Organization, state the na) (If the limited liability me and address of ea	company has mana ch manager below.)	ger(s) at the time of the filing of these Article		
MANAGER	ADDRESS				
Janet M. Goulart	215 Douglas Drive, Saunderstown, RI 02874				
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY					
✓ Date received (Upon filing)					
Later effective date (Date mi	ust be no more than 3	0 days from the date	e of filing)		
Under penalty of perjury, I declare accompanying attachments, and			rticles of Organization, including any use and correct.		
Name of Authorized Person	-	Address			
Janet M. Goulart 215		215 Douglas Drive	215 Douglas Drive		
City/Town		State	Zip Code		
Saunderstown		RI	02874		
Signature of Authorized Person			Date		
signature of Authorized Person Sidy DOCHMENT VIERE 3-6-18					
- aahu	dale	1. Mes	5-6-18		

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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 12, 2018 08:51 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

