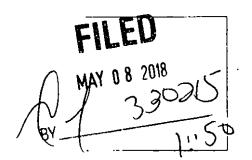
State of Rhode Island and Providence Plantations	vision	SECRETA
Department of State - Business Services Div	4151011	-8 AT
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		PH 1: 50
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of ( the limited liability company to be organized hereby:	Organization are adopted for	
1. The name of the limited liability company is.		
OGN, LLC		
2. The name and address of the initial resident agent/office in RI	hode Island is:	
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial High	way, Suite 7A	
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
<ol><li>Under the terms of these Articles of Organization and any writ the limited liability company is intended to be treated for purpose</li></ol>	tten operating agreement made as of federal income taxation as	or intended to be made, (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 compared	any, if it is determined at the tim	ne of organization:
Street Address 1140 Reservoir Avenue		
City/Town Cranston	State Rhode Island	Z p Code 02920
5. The limited liability company has the purpose of engaging in a until dissolved or terminated in accordance with RIGL <u>7-16</u> , unle Section 6 of these Articles of Organization.	any lawful business, and shall h ess a more limited purpose or d	ave perpetual existence uration is set forth in

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 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:					
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				
James A. Procaccianti	1140 Reservoir Avenue, Cranston, Rhode Island 02920				
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 Address					
Natasha V. Ruane, Esq. 114		40 Reservoir Avenue			
City/Town			State	Zip Code	
Cranston			Rhode Island	02920	
Signature of Authorized Person		Date			
Natasha V. Ruane		05/04/2018			

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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:

May 08, 2018 01:50 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

