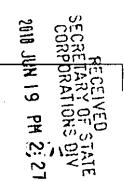
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## State of Rhode Island and Providence Plantations Department of State - Business Services Division

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



## **Articles of Organization 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:								
PATEL PROPERTIES LLC								
2. The name and address of the limited liability company's resident agent in Rhode Island is:								
Name SHANKERBHAI PATEL	•							
Street Address (NOT a P.O. Box) 2 SCOTTS DRIVE								
City/Town LINCOLN	State RHODE I	SLAND	Zip Code 02865					
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):								
a partnership or a corporation or disregarded as an entity separate from its member								
4. The address of the principal office of the limited liability company if it is determined at the time of organization:								
Street Address 151 THOMPSON ROAD								
City/Town WEBSTER	State MA		Zip Code 01570					
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.								

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BY 333065

Form No. 400 Revised: 2015

6. Additional provisions, if any, not inconsistent 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:								
	<u> </u>		·		-			
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.)								
Control of the Control of the Control Control of Control of the Co								
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	BUSINESS ADDRESS							
IWANAGER	BUSINESS AUG	ארב	.33					
- <del></del>		··		<u></u>				
-			•		<del></del>			
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX								
	<del></del>		· <del></del>					
Date received (Upon filing)								
Later effective date (Date must be no more than 30 days from the day of filing)								
			<u> </u>					
panying attachments, and that all					Organization, including any accom-			
Name of Authorized Person			Address					
			2 SCOTTS DRIVE					
SHANKERBHAI PATEL			<u> </u>					
- ', -		Sta		Zip Code				
LINCOLN		RI		02865				
Signature of Authorized Person Date								
Shornker KPate				6-19-2018				
V SIMINE Z KIWO								

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.

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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:

June 19, 2018 02:22 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

