

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

SECRETARY OF STATE CORPORATIONS DIV

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

o be organized hereby:							
1. The name of the limited liability compar	ny is:	<u> </u>					
PATEL PROPERTIES LLC							
2. The name and address of the limited lia	ability company's resident agent in Rhode Island	d is:					
Name SHANKERBHAI PATEL							
Street Address (<u>NOT</u> a P.O. Box) 2 SCOTTS DRIVE							
City/Town LINCOLN	State RHODE ISLAND	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					
	urpose of engaging in any lawful business, and se with RIGL 7-16, unless a more limited purpos n.						

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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.)								
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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					
- 		··		<u></u>				
-			•					
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX								
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								
Shormar K Patel					6-19-2018			
V SIMINAZ KIMOZ								

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.