

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:

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the fiffiled liability company to be organized hereby.		171
The name of the limited liability company is:		
A. Marcaccio Properties, LLC.		
2. The name and address of the initial resident agent/office in Rhode	Island is:	
Agent Name Anthony Gianfrancesco		
Street Address (<u>NOT</u> a P.O. Box) 214 Broadway		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
 Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of 		
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 organization:
Street Address 926 Mendon Road		
City/Town Cumberland	State RI	Zip Code 02864
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 JUL 0 9 2018 BY 334437 A. A. 1.01pm

6. Additional provisions, if a of Organization, including, to company is formed, and any	out not limited to, any limita	tion of the pu	rpose(s) or duration	for which the limited liability	
			Check thi	s box to indicate attachment	
7. The Limited Liability Com	pany is to be managed by:			•	
You MUST check one box: Its member(s) (If you h	ave checked this box, skip	to Section 8.	Do not fill out the c	hart below.)	
	ger(s) (If the limited liability he name and address of ea			time of the filing of these Artic	cles
MANAGER	ADDRESS				
			 		
8. Date when these Articles	of Organization will be effe	ective: CHEC	ONE BOX ONLY		<u> </u>
✓ Date received (Upon fil	ling)				
Later effective date (Da	ate must be no more than 3	30 days from t	he date of filing)		
Under penalty of perjury. I d					
accompanying attachments, and that all statements con Name of Authorized Person		Address			
Anthony Gianfrancesco		214 Broadv	4 Broadway		
City/Town		State		Zip Code	
Providence	2	RI		02903	
Signature of Authorized Person		I		Date	
Markey	SO DOCUMEN	IT HERE		06/22/2018	