State of Rhode Island and Providence Plantations Department of State - Business Services Di	ivision	<b>910</b> 335 350
Articles of Organization		AUG 3
→ Filing Fee: \$150.00		OF STO OHS DI AH II:
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:		
MJO Distributing, LLC		
2. The name and address of the initial resident agent/office in F	Rhode Island is:	·
Agent Name Michael J. Oakes		···· •
Street Address ( <u>NOT</u> a P.O. Box) 1 Summer Street		
City/Town Narragansett	State RHODE ISLAND	Zip Code 02882
<ol><li>Under the terms of these Articles of Organization and any with the limited liability company is intended to be treated for purpose</li></ol>	ritten operating agreement made ses 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 comp	pany, if it is determined at the tim	e of organization:
Street Address 1 Summer Street		
City/Town Narragansett	State RI	Zip Code 02882
5. The limited liability company has the purpose of engaging in until dissolved or terminated in accordance with RIGL <u>7-16</u> , un Section 6 of these Articles of Organization.	any lawful business, and shall his less a more limited purpose or du	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

٦.

\_\_\_//:<u>3/</u> FILED AUG 3 1 2018

FORM 400 - Revised 11/2017

. Additional provisions, if any, no f Organization, including, but no ompany is formed, and any othe	t limited to any limitation	on of the purpose(s) or (	duration for which the infined induity
		,	Check this box to indicate attachment
. The Limited Liability Company	is to be managed by:		
ALLET check one box			
Its member(s) (If you have of a state of	checked this box, skip t	o Section 8. Do not fill	out the chart below.)
<ul> <li>One (1) or more manager(s of Organization, state the na</li> </ul>	) (If the limited liability of and address of eac	company has manager( ch manager below.)	(s) at the time of the filing of these Articles
MANAGER	ADDRESS		
Michael J. Oakes	1 Summer Street, Narragansett, RI 02882		
8. Date when these Articles of C	)roanization will be effe	ctive: CHECK ONE BO	
Date received (Upon filing)			
Later effective date (Date n			
Under penalty of perjury, I decla accompanying attachments, an	re and affirm that I hav d that all statements co	e examined these Artic Intained herein are true	les of Organization, including any and correct.
Name of Authorized Person		Address	
Michael J. Oakes		1 Summer Street	
City/Town		State	Zip Code
Narragansett		RI	02882
			Date
Signature of Authorized Person	DION DOCUMEN	NT HERE	8/30/2018

•

٠

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:

August 31, 2018 11:31 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

