



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

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Articles of Organization
DOMESTIC 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: Jefferson Dental Associates II, LLC		
2. The name and address of the initial resident agent/office in Rhode Island is: Agent Name CT Corporation System Street Address (NOT a P.O. Box) 450 Veterans Memorial Highway, Suite 7A City/Town East Providence State RHODE ISLAND Zip Code 02914		
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): <input type="checkbox"/> partnership or <input type="checkbox"/> a corporation or <input checked="" type="checkbox"/> 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 of organization: Street Address 108 Shore Road City/Town Westerly State Rhode Island Zip Code 02891		
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.		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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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

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 Michael Capalbo, D.M.D.		Address 108 Shore Road	
City/Town Westerly		State Rhode Island	Zip Code 02891
Signature of Authorized Person  SIGNATURE HERE			Date 11/20/2018

CONSENT TO USE OF SUBSTANTIALLY SIMILAR ENTITY NAME

JEFFERSON DENTAL ASSOCIATES, LTD.

November 20, 2018

Pursuant to the rules and procedures set forth by the Rhode Island Secretary of State, Jefferson Dental Associates, Ltd., a Rhode Island professional service corporation, hereby consents to the use of the name "Jefferson Dental Associates II, LLC" in forming a limited liability company in the State of Rhode Island and Providence Plantations.

JEFFERSON DENTAL ASSOCIATES, LTD.

By: _____

Melvin E. Hanzel, D.M.D.

President