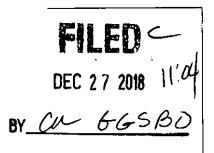
	land and Providence Plantations of State - Business Service	s Division			
Articles of Organ DOMESTIC Limited → Filing Fee: \$150.00	n ization Liability Company		RECEIVED SECRETARY OF STAT CORPORATIONS DIV 2019 DEC 27 AM II: 0		
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:					
1. The name of the limi	ted liability company is:				
SKS Enterprises, LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name Stephen	M. Litwin, Esquire				
Street Address (<u>NOT</u> a P.O. Box) 116 Orange Street					
City/Town	Providence	State RHODE ISI	LAND Zip Code 02903		
3. Under the terms of the terms of the limited liability com	nese Articles of Organization and a pany is intended to be treated for p	ny written operating agreeme urposes of federal income tax	nt made or intended to be made, (ation as (CHECK ONE BOX):		
partnership	or				
a corporation or					
✓ disregarded as an entity separate from its member(s)					
4. The address of the p	principal office of the limited liability	company, if it is determined a	at the time of organization:		
Street Address not ye	t determined				
City/Town		State	Zip Code		
5. The limited liability c until dissolved or termi Section 6 of these Artic	ompany has the purpose of engagi nated in accordance with RIGL <u>7-16</u> cles of Organization.	ng in any lawful business, an <u>6,</u> unless a more limited purp	d shall have perpetual existence ose or duration 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



6. Additional provisions, if any, not of Organization, including, but not company is formed, and any other	limited to, any limitation	n of the purpose(s) or a	t to have set forth in these Articles uration for which the limited liability ng agreement:	
		Cł	neck this box to indicate attachment	
7. The Limited Liability Company i	s to be managed by:			
You MUST check one box: Its member(s) (If you have ch One (1) or more manager(s)	(If the limited liability co	ompany has manager(s	ut the chart below.)) at the time of the filing of these Articles	
of Organization, state the nar				
	ADDRESS			
	none at this time			
8. Date when these Articles of Or	ganization will be effect	tive: CHECK ONE BOX	ONLY	
Date received (Upon filing) Later effective date (Date mu			January 1, 2019	
Under penalty of perjury, I declard accompanying attachments, and	e and affirm that I have	examined these Article	s of Organization, including any	
Name of Authorized Person		Address		
Stephen M. Litwin, Esquire		116 Orange Street		
City/Town		State	Zip Code	
Providence		Rhode Island	02903	
Signature of Authorized Person	LEAST ROCHMEN	E HERF	Date 12/27/18	



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:

December 27, 2018 11:04 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

