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

Articles of Organization

STATE

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00:

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Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for					
The name of the limited liability company is:						
Bravo Brewing Company LLC						
2. The name and address of the initial resident agent/office in Rhode	Island is:					
Agent Name Christopher Mishoe						
Street Address (<u>NOT</u> a P.O. Box) 107 Hopkins Ave						
City/Town Johnston	State RHODE ISLAND	Zip Code 02919				
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):						
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 12 Money Hill Road						
City/Town Chepachet	State Rhode Island	Zıp Code 02814				
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 FILED

BY OF HIDGIMA

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ŘECEIVED SECRETARY OF STATE VIO SHOITAROGROD

FORM 400 - Revised 11/2017

								
Additional provisions, if any, n of Organization, including, but no company is formed, and any oth	ot limited to, any limitati	on of the purpose(s) or durat	ion for which the limited liability					
company is ionneo, and any on	or provision willon may	be minuded in an operating t	29. 00.1101N.					
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:		Check	this box to indicate attachment					
7. The Limited Liability Company	y is to be managed by:							
You MUST check one box: Its member(s) (If you have	checked this box, skip t	o Section 8. Do not fill out th	e 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 C	rganization will be effec	tive: CHECK ONE BOX ON	LY					
		<u> </u>						
Date received (Upon filing)			04/04/19					
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		Address						
Christopher Mishoe		107 Hopkins Ave						
City/Town	-	State	Zip Code					
Johnston		Rhode Island	02919					
Signature of Authorized Person	Date							
Christopher Mis	12/28/18							
Course private trus	12/20/10							

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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 31, 2018 12:05 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

