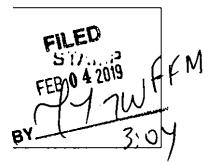
State of Rhode Island and Providence Plantations Department of State - Business Services Division	on		
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		2019 FEB -4	RECEI SECRETARY CORPORAT
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for	Р <b>н</b> 3:	IONS DI
1. The name of the limited liability company is. NOAH'S SNACKS LL	C	-t-	, LL
2. The name and address of the initial resident agent/office in Rhode Agent Name Shawn J. Rios			
Street Address (NOT a P.O. Box) 21 Grosvenor AUC City/Town	State	Zip Code	
Providence, R.T. 3. Under the terms of these Articles of Organization and any written of	RHODE ISLAND	0290.	
the limited liability company is intended to be treated for purposes of partnership or a corporation or	federal income taxation as	(CHECK ONE I	<b>BOX)</b> :
<ul> <li>disregarded as an entity separate from its member(s)</li> <li>4. The address of the principal office of the limited liability company, it</li> </ul>	f it is determined at the time	e of organizatior	n:
Street Address 21 Frosvenor AUE	r	<b>, -</b>	
City/Town Prouidence	R.T.	Zip Code 02908	
5. The limited liability company has the purpose of engaging in any la until 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



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 You <b>MUST</b> check one box:	is to be managed by.		· · · · · · · · · · · · · · · · · · ·		
Its member(s) (If you have c	hecked this box, skip t	o 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				
Shown J. Rios	05 21 GROSVENON AUC Providence, R.T. 02908				
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 90 days from the date of filing)					
Under penalty of perjury, I declare accompanying attachments, and					
Name of Authorized Person	Т	Address			
Shawn J. Rios 21 Grosvenor Ave					
City/Town	· · · ·	State	Zip Code		
Providence		R.I	02908		
Signature of Authorized Person Date			Date		
HANN AN- SIGN DOCUMENT HERE		2/4/19.			



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:

February 04, 2019 03:04 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

