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

## **Articles of Organization**

DOMESTIC Limited Liability Company

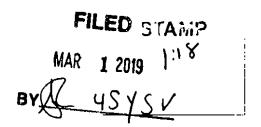
 $\rightarrow$  Filing Fee: \$150.00

SECRETARY OF STATE CORPORATIONS DIV 2019 MAR - I PM 1: 182 STATE

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 limited liability company is:								
C.W. PROPERTIES, LLC								
2. The name and address of the initial resident agent/office in Rhode Island is:								
Agent Nar	Agent Name							
	Kurt A. Wilcox, Jr.							
Street Address (NOT a PO, Box)								
640 Hopkins Hill Road								
City/Town	West Greenwich	State		Zip Code				
[		R	HODE ISLAND		02817			
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):								
X 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 of organization								
Street Address 640 Hopkins Hill Road								
City/Town	West Greenwich	State	Rhode Island	Zip Code	02817			
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 <u>7-16</u> , 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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of Organization, including	g, but not limited to, any limita	ition of the purpose(s) or di	t to have set forth in these Articles uration for which the limited liability			
company is formed, and	any other provision which ma	y be included in an operati	ng agreement:			
			eck this box to indicate attachment			
7 The Limited Liability C You MUST check one bo	ompany is to be managed by	· · · -				
	ox iu have checked this box, skip	to Section 8. Do not fill ou	it the chart below.)			
	inager(s) (If the limited liability te the name and address of ea		at the time of the filing of these Articles			
MANAGER	ADDRESS	ADDRESS				
			<del>- · · · · · · · · · · · · · · · · · · ·</del>			
8. Date when these Artic	les of Organization will be effe	ective: CHECK ONE BOX				
X Date received (Upor	<u> </u>					
	(Date must be no more than 9	0 days from the date of fili				
		•	of Organization, including any			
accompanying attachme	nts, and that all statements co	ontained herein are true an				
Name of Authorized Person	<u>)</u>	Address				
Kurt A. Wilcox,	Jr.	640 Hopkins Hill				
City/Town		State	Zip Code			
West Greenwich		Rhode Island	02817			
Signature of Authorized Person						
Hunt	- Liskstbocumer	IT ARE	March 1, 2019			
- puret			14			

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:

March 01, 2019 01:18 PM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

