RECTIVED: SECRETARY OF STATE CORPORATIONS DIV

2019 MAR 19 PM 2: 31

Articles of Organization

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 Orgathe limited liability company to be organized hereby: | nization are adopted for | | | | |
|---|--------------------------|-------------------|--|--|--|
| The name of the limited liability company is: | | | | | |
| The Mac of Cheese L.L.C. | | | | | |
| 2. The name and address of the initial resident agent/office in Rhode Island is: | | | | | |
| Agent Name SAMDY A. RAMTREZ | | | | | |
| Street Address (NOT a P.O. Box) 205 BAKER ST | | | | | |
| City/Town CONDENCE | State RHODE ISLAND | Zip Code OV105 | | | |
| 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 of organization: | | | | | |
| Street Address 205 BAKER ST- | | | | | |
| City/Town PROVIDENCE | State | Zip Code OZAS | | | |
| 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 | | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Section 6 of these Articles of Organization.

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 19 2019 2:31 CM 2AX07

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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: | | | | |
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| 7. The Limited Lightlity Company | is to be seened by: | | Check this bo | ox 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.) | | | | |
| l <u> </u> | | | | e of the filing of these Articles |
| of Organization, state the name and address of each manager below.) | | | | |
| MANAGER | ADDRESS | | | |
| | | | | |
| | | | | |
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| | | | | |
| 8 Date when these Articles of Or | ganization will be effe | ctive: CHECK OI | NE BOY ONLY | |
| 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 and affirm that I have examined these Articles of Organization, including any | | | | |
| accompanying attachments, and | that all statements co | | re true and correct. | |
| Name of Authorized Person | 1 173 | Address | D01-00 | Т |
| SAMBY A. RAMFROZ 205 BAKER ST | | | | |
| City/Town | | State | | Zip Code |
| PROVIDENCE | | PJ | _ | 07905 |
| Signature of Authorized Person | • | | | Date / |
| gardy a | ny | | | 317/19 |
| <u> </u> | | | | 1 1 |

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