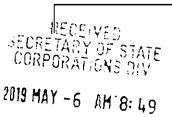
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State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, 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:

The name of the innited liability company is.							
CKMIREALTY, 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 ISLAND	Zip Code 02903					
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 not yet determined							
City/Town	State	Zip Code					
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL 7-16, 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

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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: Check this box 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.) 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					
	none at this time					
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 contained herein are true and correct.						
Name of Authorized Person Address						
Stephen M. Litwin, Esquire 116		116 Or	16 Orange Street			
City/Town		S	itate	Zip Code		
Providence		R	Rhode Island	02903		
Signature of Authorized Person				Date		
Stephen in hitroriacoument HERE			-	5 6 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:

May 06, 2019 08:49 AM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

